



# *Access To Recovery-Idaho Grant*

## *Provider Manual And Enrollment Form*

# *Recovery Support Services*

*Revised February 2006*

*Family and Community Services  
Substance Abuse Program*



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## Terms and Definitions

**ATR**—Access To Recovery. The name of the program being funded by federal grant that is designed to provide clinical treatment and recovery support services to as many qualified individuals as possible.

**Adolescent**—An individual age twelve (12) through seventeen (17).

**ASAM-PPC-2R**—American Society of Addiction Medicine (ASAM) Patient Placement Criteria 2<sup>nd</sup> Edition Revised (PPC-2R)-Manual containing client placement criteria used to determine the most appropriate level of care for a client.

**Assessment**—The collection of data necessary to develop an individualized treatment strategy aimed at eliminating or reducing alcohol/drug consumption by a thorough evaluation of the person's physical, psychological, and social status, a determination of the environmental forces that contribute to the alcohol/drug using behavior, and examination of the person's support systems and resources.

**BPA**—Business Psychology Associates. Managed Behavioral Health Organization that serves as the Management Services Contractor (see MSC definition) for the State Substance Abuse System.

**BPA Care Manager**—Qualified professional who is responsible to; screen clients for eligibility, collect client data, complete client Service Profile Assessment, open clients' case, review with client their treatment options and choice among providers, issue a service voucher in the client's name, and inform the Provider of the client that has been approved for their program.

**Case Manager**—An individual who is qualified to provide case management services within the scope of providing Recovery Support Services. The Case Manager is responsible for the development of a client's Recovery Support Services Care Plan, collecting data using the Government Performance and Results Act (GPRA) tool and provides the linkages, coordination and supported need by the persons served.

**Child/Minor**—An individual age seventeen (17) and younger.

**Charitable Choice**—The general term for several laws that were enacted during the period 1996-2000. These laws are designed to give people in need choice among charities offering them services and apply to projects funded by seven Federal agencies including the Substance Abuse and Mental Health Services Administration. These laws clarify the rights and responsibilities of faith-based organizations that receive Federal Funds.

**Client**—A person/consumer/individual receiving services from the ATR program for drug/alcohol addictions. This term may be used interchangeably with eligible recipient (see definition of eligible recipient).

**Client Choice**—The ATR federal grant requires that participants in the program are offered options among providers and levels of care when seeking services. For the purposes of this grant program, choice is defined as a client being able to select from at least two agencies to provide the necessary services, with at least one to which the client has no religious objection.

**Clinical Treatment Episode**—A treatment period that begins with admission to clinical treatment and ends with the last voucher service provided for clinical services.

**Clinical Treatment Provider**—Organization approved by the Idaho Department of Health and Welfare Substance Abuse Program to provide clinical treatment services to individuals with substance abuse disorders.

**CSAT**—Center For Substance Abuse Treatment. A division of the Substance Abuse and Mental Health Services Administration (SAMHSA). CSAT was created in 1992 with a congressional mandate to expand the availability of effective treatment and recovery services for alcohol and drug problems. Website: <http://csat.samhsa.gov>

**DSM-IV**—Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. The manual is published by the American Psychiatric Association and covers all mental health disorders for both children and adults including Substance Abuse and Dependence. It is used to better understand illnesses and potential treatment.

**Eligible Recipient**—An individual who qualifies to receive ATR services.

**Episode of Treatment**—A treatment period that begins with admission to the ATR program and ends with the last voucher services provided. The episode includes both clinical treatment and recovery support services.

**GPRA**—Government Performance and Results Act. The federal government requires a set of quarterly reports to be provided for monitoring the results of the ATR program. This is comprised of a set of flat files which will be generated from demographic data, assessment data, treatment plans, and services rendered.

**HIPAA**—Health Insurance Portability and Accountability Act of 1996. Requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security and privacy of health information data.

**Idaho Department of Health and Welfare Substance Abuse Program**—A program within the Division of Family and Community services that is responsible for the statewide delivery system of substance abuse clinical treatment and recovery support services.

**IDAPA**—Idaho Administrative Procedures Act. IDAPA rules serve as the Administrative Rules for state agencies. Administrative rules have the force and effect of law and as such are subject to a comprehensive process that includes review and approval by the Idaho Legislature to become final and enforceable.

**Level of Care**—A level or modality of care is a step in the client's treatment process. A level of care includes clinical services, and may also include care coordination and recovery support services. Every time a client moves from one level of care to another, the clinician will be required to report the clinical reason for the change.

**MSC**—Organization that contracts with Idaho Department of Health and Welfare Substance Abuse Program to manage the statewide delivery system of substance abuse clinical treatment and recovery support services. Responsibilities of the MSC include: utilization review and care management services, quality management and outcome assessment, management reporting, account management, claims processing, data collection and managing the provider network.

**Provider Connect**—Web-based system accessible through Business Psychology Associates that allows providers to electronically submit billing information to Business Psychology Associates.

**RSS**—Recovery Support Services. Approved non-clinical substance abuse services designed to engage and maximize the ability of Eligible Recipients to be successful in their recovery, and to live productively in the community.

**SAMHSA**—Substance Abuse and Mental Health Services Administration. The Federal agency charged with improving the quality and availability of prevention, treatment and rehabilitative services in order to reduce illness, death, disability and cost to society.

Website: <http://www.samhsa.gov>

**Services Profile Assessment**—A set of questions and answers given during the screening process by a BPA Care Manager which is used to determine a recommended level of care.

**Voucher**—Provided to eligible recipients to pay for clinical treatment and recovery support services from a broad network of approved providers. Vouchers are provider specific and are sent to the provider chosen by the eligible recipient.

**42 CFR, Part 2**—Federal confidentiality rules that prohibit the redisclosure of information concerning a client in alcohol or drug treatment unless further disclosure is expressly permitted by the written consent of the person who it pertains or otherwise permitted by 42 CFR, Part 2.

# Introduction

## *Access To Recovery (ATR)*

The ATR program is an initiative of President George W. Bush to implement a voucher system designed to increase access to substance abuse services and offer participants a choice among service providers. The key elements of the ATR program include an independent assessment, participant choice of approved service providers, service linkages with faith based and community based organizations, and an electronic voucher method of payment. Funded through the Center for Substance Abuse Treatment (CSAT), and the Substance Abuse and Mental Health Services Administration (SAMHSA), Idaho was awarded a three year Access to Recovery grant in the amount of \$7.6 million per year for client services.

ATR has three broad goals:

- To engage faith-based and nontraditional community providers in providing a broader spectrum of treatment services and recovery supports.
- To ensure genuine, free and independent client choice for substance abuse clinical treatment and recovery support services.
- To improve access and increase capacity for substance abuse treatment and recovery support services.

In Idaho, the ATR program will offer as Recovery Support Services: Case Management, Transportation, Alcohol/Drug Testing, Family, Marital and Life Skills Education and Guidance, Child Care, Adult Safe and Sober Housing, and cultural activities for Native Americans and Hispanic target populations. Additional recovery supports may be requested through the Access To Recovery Program. ATR-I staff will evaluate requests to provide the defined service on a case by case basis.

A service profile assessment is completed on individuals accessing services and will help identify which treatment and recovery support services are needed. Treatment and Recovery Support Services will be provided through a network of both licensed clinical treatment providers and approved recovery support service providers (including faith and community-based) each of whom will sign an agreement for the delivery of services.

## *Purpose of the ATR Provider Manual*

This manual was developed by the Idaho Department of Health and Welfare, Substance Abuse Program for ATR-I recovery support services providers. ATR-I recovery support service providers may include state facilities or contractors, faith based, community based, or private sector agencies, credentialed professionals, or any other type of authorized provider. Because each client will exercise free choice in selecting services providers, the Substance Abuse Program will approve providers for participation in ATR-I but will not contract with them for payment. Instead, providers will be paid for their services via the Department's Management Services Contractor (MSC), Business Psychology Associates (BPA) and an electronic Access to Recovery Voucher system.

This manual addresses topics of interest to service providers who are considering or have decided to provide services to ATR-I clients. It includes information about provider eligibility; the steps of the ATR-I process, from pre-screening of clients through comprehensive assessment, treatment and recovery support services; and information about the unique aspects of ATR-I including reporting and document retention. It will also serve as a resource manual that describes technical features of ATR and its electronic voucher system, including the creation of a voucher to securing payment for services.

The Idaho Department of Health and Welfare Substance Abuse Program will closely monitor this program to compare ATR-I outcomes to those of our current traditional services. We anticipate that the unique aspects of ATR-I will improve overall outcomes and increase the quality of life for our clients.

## Recovery Support Services (RSS) Standards

Organizations providing recovery support services assist clients in obtaining services needed to support recovery and assist the client in planning for transition from services and follow-up as needed. Recovery support services are planned with the active participation of each client. Organizations collaborating in order to provide recovery support services should maintain linkages with the primary service provider (case manager or treatment provider) in order to fully assess the effectiveness of on-going services and to determine if additional services are needed. Case management and appropriate documentation including the planning of services which fall under the umbrella of recovery support services are crucial pieces necessary to ensure continuity of care and outcome monitoring of client progress. Recovery Support Services are:

1. Services based on the needs of the client served that supports ongoing recovery or treatment/service gains. Identified client needs may be specific to the individual's age, gender, disability, disorder, cultural distinction, or other special circumstances. The recovery support services program follows procedures for:
  - a. Referrals.
  - b. Transition to other services.
  - c. Discharge.
2. So long as appropriate documentation supports the recovery support service, referrals may be made for Case Management functions involving but not limited to:
  - Alcohol and drug testing.
  - Transitional supportive housing.
  - Family, Marital and Life Skills Education and Guidance.
  - Transportation.
  - Child Care.
  - Additional recovery supports requested through the Access To Recovery program.
3. Recovery support services are initiated with the client at the earliest possible point in the individual planning and service delivery process. Ideally, recovery support services are identified at the outset of treatment as part of the development of the individual treatment plan. It is imperative that there be early and active involvement by the client, their family, referral sources, and other community agencies of the client's preference. This process must be facilitated by the RSS Case Manager and/or the Treatment provider in conjunction with the client.
4. A recovery support services care plan is prepared to ensure continuity of service. This plan includes details of:
  - a. Client's progress in his or her own recovery or move toward well-being.
  - b. Client's gains achieved during program participation.
  - c. Current client driven service or treatment goals that reflect the personal strengths, abilities, and needs of the client.
  - d. Documentation that demonstrates client's participation in the development of the plan.
  - e. Client plans should clearly identify who will be doing what and time-frames should be established.
5. The recovery support service plan is developed with the input and participation of the person served, the family when appropriate, community persons by request of the client, and the case manager or treatment provider.



6. Current copies of the plan are to be given to the client. Any changes of the plan will be reflected and clients will receive a copy of any changed plans. The RSS Case Manager will maintain a copy of the current plan.
7. When recovery support services planning indicates the need for additional services or supports, the case manager or treatment provider will be responsible for follow-up after the initial recovery support service is provided in order to:
  - a. Maintain the continuity and coordination of needed services.
  - b. Determine with the client whether further services are needed.
  - c. Offer or refer to needed additional services, when possible and according to client preference.
8. When an unplanned discharge from recovery support services occurs the case manager or treatment provider will identify staff who will be responsible for follow-up to refer for additional services if the client so desires.
9. When a person is discharged or removed from a recovery support service at staff request due to noncompliance, the case manager or treatment provider will identify staff that will be responsible for follow-up to ensure linkage with an appropriate referral source.
10. Clients are eligible for ATR-I Recovery Support Services for up to 12 months following the successful discharge/completion of a clinical treatment episode. In the event of relapse during a clinical treatment episode or recovery support services an individual will remain eligible for all ATR-I services; however they will be referred to a higher level of care or regressed within their current level of care as appropriate based on provider assessment. In the event there is a transfer to another level of care from recovery support services or within a clinical treatment episode the client will be a priority referral.

# Requirements for State Approval to Deliver Recovery Support Services

## Service Administration

This section describes the administrative and organizational requirements that providers must develop for recovery support services under the ATR-I program.

1. Maintain a policy and procedure manual that contains, at a minimum, the organization's purpose and philosophy. Faith-based providers may include Articles of Faith or Entity Creed.
2. A governing body (e.g., a board of directors; church council; board of Deacons) that meets according to their by-laws to provide fiscal planning and oversight, ensure quality improvement in service delivery, establish policies to guide administrative operations of the organization, ensure responsiveness to the community and individuals being served, and delegate operational management to a program manager in order to effectively operate its services.
3. Maintain documentation to demonstrate full compliance with the ATR-I credentialing requirements.
4. A written policy to ensure that a recipients participation in religious activities not explicitly described as part of the approved service is only on a voluntary basis and not conditional for the provision of services. This policy will recognize that staff or volunteers may share their personal faith as it relates to the credentialed services, but shall explicitly prohibit membership solicitation.
5. Qualified staff or volunteers will be identified as recovery support service providers and provide supervision of the recovery support services for which the organization is approved to deliver.
6. A transition plan for continuity of services in the event the organization can no longer perform services due to facility incapacitation or loss of key personnel.
7. A written policy to prevent conflict of interest which states that no employee or volunteer may use his or her ATR-I provider designation to secure privileges or advantages of any client.
8. The organization shall maintain a work and/or service environment that is free from sexual harassment and intimidation.
9. The organization shall not subcontract services it is approved to provide under the ATR-I program unless a previous agreement has been arranged with the ATR-I program
10. The organization must provide proof of professional liability and/or property insurance.
11. Organizations that provide transportation for clients shall follow all laws regarding the operation of a motor vehicle, and shall maintain liability insurance to cover the Eligible Recipient.

12. Organizations that provide childcare for clients must provide proof of current daycare license or proof that childcare is being provided while parent is on-site.
13. Organizations that provide housing must provide documentation that housing meets local occupancy/safety requirements (i.e. fire safety inspection/certificate of occupancy; home inspection)

### **Qualifications of Personnel**

1. The organization shall insure that staff possesses the training, experience, and credentials to effectively perform their assigned services and duties related to the ATR-I program.
2. All personnel and volunteers conducting Government Performance Reporting Act (GPRA) interviews will be required to participate in training on how to use the ATR-I GPRA tool by a Department approved GPRA trainer.
3. The organization shall provide documentation that the ATR-I program is included in the orientation of new staff and/or volunteers that are participating in the delivery of recovery support services.
4. The organization shall conduct at least three (3) hours of annual refresher training for ATR-I staff and volunteers about the policies, procedures and services of the agency.
5. The organization shall require any individual delivering services to children/minors receive and successfully pass a Department of Health and Welfare (DHW) Criminal History background check *prior to* the delivery of services. Contact your local DHW Fingerprinting location or call the Central Criminal History Unit at the Toll Free Number 1-800-340-1246.
6. The organization shall maintain complete, confidential, and current personnel records for each staff or volunteer delivering services under the ATR-I program.
7. The organization shall establish and maintain a written standard of conduct for all staff and/or volunteers.
8. The organization shall not permit an employee or volunteer to enter into a business relationship with a client or family of a client receiving ATR-I services or employ them while the client is receiving ATR-I services.
9. The organization's employees and/or volunteers shall not engage in any conduct that is criminal in nature or has the appearance of misconduct.
10. The organization shall ensure that each employee is legally eligible to work and reside in the United States.

## **Fiscal Accountability**

1. The organization shall operate according to an annual written budget of anticipated revenues and expenditures that is approved in a timely manner by the governing body. Fiscal reports should be prepared at least annually and shared with the governing body and show a comparison of the budget to actual expenditures.
2. The organization shall have fiscal management policies, procedures, and practices consistent with generally accepted accounting principles and, as applicable, state and federal law, regulation, or funding requirements.
3. The organization shall utilize financial activity measures to monitor and ensure its ability to pay current liabilities and to maintain adequate cash flow.
4. Fiscal records shall be retained for at least three (3) years or until any litigation or adverse audit findings, or both, are resolved.
5. Faith-based providers of clinical or recovery support services are subject to the same accountability standards as other providers for their use of government funds. In addition, Faith-based providers are required to segregate ATR-I funds in separate accounts and reconcile these funds separately from other funding streams. In the event of a Federal audit this will limit the scope of the audit to the ATR-I account.

## **Documentation**

1. The organization has an organized record system for each client that receives recovery support services.
2. Client records shall be maintained in a manner which ensures confidentiality and security. The organization shall abide by all local, state, and federal laws and regulations concerning the confidentiality of records.
3. If records are maintained on computer systems, there must be a backup system to safeguard records in the event of operator or equipment failure and to ensure security from inadvertent or unauthorized access.
4. The organization shall retain individual records for at least three (3) years or until all litigation, adverse audit findings, or both, are resolved.
5. The organization shall assure ready access to the records by authorized staff and other authorized parties including the Management Services Contractor and the Department of Health and Welfare.
6. All entries in the individual record shall be legible, clear, complete, accurate, and recorded in a timely fashion. Any errors shall be marked through with a single line, initialed and dated. Documentation shall be made with indelible ink or print.

7. All recovery support services records shall, at a minimum, include the following documentation:
  - Title of the service provided;
  - Brief description of the service provided;
  - The date and actual time (beginning and ending times) the service was rendered;
  - Name and title of the person who rendered the service.
8. The organization shall maintain a program file which includes the following:
  - a. the name of the program
  - b. copy of funding agreement (contract) and requirements
  - c. a brief program description including:
    1. target population
    2. overview of the content of the program
    3. list of activities to be provided
    4. number of sessions/activities to be provided and anticipated length of each session
    5. the setting or facility to be used to provide program
  - d. list of staff providing services including minimum qualifications
  - e. the standard ratio for staff to participant
  - f. copies of liability insurance

### **Data Collection and Reporting**

1. All organizations that participate in the ATR-I program must comply with reporting requirements of the ATR grant and are recommended to have in place the computer technology to access the Provider Connect web-based reporting system or make arrangements through BPA to submit timely data per state and federal requirements.
2. Case Management Providers shall collect the following federal Government Performance Results Act (GPRA) data on each Eligible Recipient: abstinence from drug and alcohol use, employment and education criminal and criminal justice (re-arrest), family and living environment, social support, and access to and retention in clinical treatment or Recovery Support Services in compliance with GPRA frequency requirements.
3. The Provider shall regularly report to BPA the Recovery Support Services provided and types of service for each Eligible Recipient in a format, timeframe and method specified by BPA.

### **Rights, Responsibilities, and Grievances**

1. The organization shall demonstrate through its policies, procedures, and practices an ongoing commitment to the rights, dignity, and respect of the individuals it serves.
2. Each client shall be informed and oriented as to the recovery support services they are provided. Information shall include applicable program rules, participation requirements or other expectations.
3. The Provider shall notify an Eligible Recipient and BPA when the Eligible Recipient is being discharged from Recovery Support Services.

4. If the Provider is a faith-based organization, the Provider, volunteers, employees and subcontracts shall:
  - a. Ensure that Eligible Recipients' participation in religious activities that are not part of the approved recovery support service, including worship, scripture study, prayer or proselytization, is only on a voluntary basis;
  - b. Notify Eligible Recipients of the religious nature of the organization, their right not to take part in religious activities outside of the approved service, their right to request an alternative provider, and the process for doing so.

#### **Report of Complaints of Abuse, Neglect, and Misuse of Funds/Property**

1. Any employee or volunteer who has reasonable cause to believe that a client has been subjected to physical abuse, sexual abuse, misuse of funds/property, class I neglect, class II neglect, or verbal abuse while under the care of a recovery support program shall immediately make a verbal or written complaint to the organization's Administrator.
2. The organization shall immediately report any complaints of abuse, neglect, and misuse of funds or property in a recovery support program that is approved by the State and funded by the ATR-I program. Complaints should be reported to the ATR-I Project Director within one business day of the alleged incident.
3. The organization shall follow State regulations for reporting incidents of child abuse and/or neglect.
4. Failure to report shall be cause for disciplinary action, criminal prosecution, or both.

#### **Client Confidentiality/HIPAA**

1. All organizations that provide ATR-I recovery support services to clients shall follow the federal confidentiality regulations (42 CFR Part 2) related to the release of alcohol and drug abuse records.
2. All organizations that have been determined to be a covered entity as defined by the federal Health Insurance Portability and Accountability Act (HIPAA) shall adhere to the policies and procedures that the HIPAA privacy rule requires for each covered entity.

#### **Monitoring and Enforcement of Standards**

1. All organizations that provide ATR-I recovery support services to clients shall allow ATR representatives to visit the organization's program site(s) as needed to assure compliance with standards of care and other requirements of the ATR-I program and to provide representatives reasonable and immediate access to premises, individuals and requested information pertaining to the delivery of ATR-I Recovery Support Services.

2. The organization agrees to participate in quality assurance programs established by the Substance Abuse Program. This process may include outcomes and satisfaction assessment process including both verbal and written communication of case-specific information.

## **Delivery of Services**

### **Program Scope**

1. The Access to Recovery voucher program is defined as a collaborative effort between recovery support services and clinical treatment providers (if applicable) designed to facilitate access to community-based treatment and recovery services that are tailored to unique needs of individuals with substance use disorders. The ATR-I clinical substance abuse treatment service provider will conduct a client assessment using standardized tools.
2. Recovery support services will be provided by paid staff or volunteers familiar with how their communities can support people seeking to live free of alcohol and drugs.
3. Clinical treatment services will be provided by individuals who are licensed, certified, or otherwise credentialed to provide clinical treatment services in Idaho. The current rules for alcohol and drug abuse treatment programs are available on the web at:

[www2.state.id.us/adm/adminrules/rules/idapa16/0603.pdf](http://www2.state.id.us/adm/adminrules/rules/idapa16/0603.pdf)

### **Eligibility For Services**

To be eligible for services, an individual must meet the following criteria:

1. Has or had a diagnosis under the DSM-IV (Diagnostic and Statistical Manual—Fourth Edition) of Substance Dependence or Substance Abuse;
2. Has income up to one hundred seventy-five percent (175%) of the federal poverty level;  
and
3. Is a member of an Access to Recovery – Idaho priority population, which are Under Court Supervision (Criminal or Child Protection), Hispanic, Enrolled Tribal Member, and Adolescent age twelve (12) through seventeen (17).

### **Qualifying For Services**

1. Individuals seeking ATR funding for substance abuse services will call Business Psychology Associates at 1-800-922-3406 to connect with a BPA Care Manager to determine financial and clinical eligibility. BPA Care Managers use the most current federal Poverty Scale to determine financial eligibility and the American Society of Addiction Medicine (ASAM) Patient Placement Criteria 2<sup>nd</sup> Edition Revised (PPC-2R) to determine clinical eligibility.
2. If the individual meets the eligibility criteria, the BPA Care Manager then completes a Service Profile Assessment with the individual to determine individual needs.



3. The BPA Care Manager then reviews treatment options with the individual. Once the individual chooses a treatment option, the BPA Care Manager and the individual review the available choice among providers and the BPA Care Manager issues a voucher to the client chosen provider authorizing service reimbursement.
4. The individual is now considered a client and the Case Manager or Treatment Provider of their choosing is contacted to set up an appointment.

### **Service Pathways**

#### **A. Clients choosing **clinical** services will:**

1. Meet with the clinical provider of their choosing to receive a full clinical assessment. The first collection of GPRA data is gathered at this point. The treatment provider develops a treatment plan with the client that reflects the various client's needs and how those needs will be addressed, including the need for recovery support services.
2. If recovery support services are needed, the treatment provider develops a Recovery Support Services Care plan and discussed recovery support service providers with the client, allowing them to choose the program to use.
3. The treatment provider will submit the Recovery Support Services Voucher Request Form along with a diagnostic summary to the BPA Care Manager requesting authorization for recovery support services.
4. The BPA Care Manager will issue further vouchers to recovery support service providers for recovery support services.
5. Each client-chosen recovery support service provider will receive a voucher from Business Psychology Associates authorizing services.
6. The client contacts each recovery support service provider chosen and initiates services.
7. Each client-chosen recovery support service provider maintains regular, timely communications with the client's clinical treatment provider, in order to evaluate client progress and assure coordinated client care.

#### **B. Clients choosing recovery support services without clinical treatment will:**

1. Meet with the recovery support service Case Manager of their choosing to develop a Recovery Support Service Plan that reflects the client's various needs and how those needs will be addressed. The first collection of GPRA data is gathered at this point.
2. The RSS Case Manager will discuss recovery support service providers with the client, allowing them to choose the program to use.

3. The RSS Case Manager will submit the Recovery Support Service Voucher Request Form along with a Recovery Support Service Care Plan or Idaho Psychosocial Rehabilitation Program Services Plans to the BPA Care Manager requesting authorization for recovery support services.
4. The BPA Care Manager will issue further vouchers to be used by the client for recovery support services.
5. Each client-chosen recovery support service provider will receive a voucher from Business Psychology Associates authorizing services.
6. The client contacts each recovery support service provider chosen and initiates services.
7. Each client-chosen recovery support service provider maintains regular, timely communications with the client's RSS Case Manager, in order to evaluate client progress and assure coordinated client care.

## Billing and Reimbursement

### **Voucher Process**

1. Recovery support vouchers will be generated by the RSS Case Manager or clinical treatment provider and, based on the client's informed choice, issued and sent to the recovery support service provider.
  - a. The type of service the client is authorized to receive will be identified on the voucher;
  - b. The number of units of service authorized and service delivery time line (when units become effective and when they expire) will be identified on the voucher;
    1. Additional units of service may be requested through the case manager or treatment provider to a BPA Care Manager at Business Psychology Associates using the.
    2. The recovery support service provider and the RSS Case Manager or treatment provider should jointly determine the level of additional services needed, based on the client's progress, prior to the request of additional units of service.

### **Payments to the Provider**

1. Business Psychology Associates shall pay the provider for covered recovery support services rendered that were pre-authorized by BPA for an eligible client, in accordance with the attached reimbursement rate. No co-pay is required of the client for recovery support services.
2. The provider shall bill BPA for all covered services rendered that were authorized by BPA. Billing shall include identifying client information and a record of services provided and submitted to BPA no more than thirty (30) days following the delivery of the services. The provider shall use a claim form approved by BPA to submit billing.
3. The provider agrees to bill only for services provided directly by the provider as identified and approved on the individual client voucher.
4. Within thirty (30) days of receipt of a claim meeting the ATR-I billing and reimbursement requirements BPA shall pay the balance of billed charges to the provider.

## Provider Matrix

	Clinical Treatment Services	Recovery Support Services
<b>Traditional Substance Abuse Treatment Providers</b>	<p>Clinical treatment services must be provided by agencies that are approved by the Idaho Department of Health and Welfare, Substance Abuse Program, in accordance with requirements under IDAPA 16.06.03—Rules And Minimum Standards Governing Alcohol/Drug Abuse Prevention and Treatment Programs.</p> <p><i>Attaining “approved” status does not guarantee receiving a contract to provide ATR-I clinical treatment services.</i></p>	<p>Currently approved substance abuse treatment providers desiring to provide recovery support services through ATR-I must be approved by the Idaho Department of Health and Welfare, Substance Abuse Program. The approval will remain in effect until the expiration of the ATR grant funding, pending passage of an annual review.</p>
<b>Faith-Based Organizations</b>	<p>Faith-based organizations desiring to provide clinical substance abuse treatment must be approved by the Idaho Department of Health and Welfare, Substance Abuse Program, in accordance with requirements under IDAPA 16.06.03—Rules And Minimum Standards Governing Alcohol/Drug Abuse Prevention and Treatment Programs.</p> <p><i>Attaining “approved” status does not guarantee receiving a contract to provide ATR-I clinical treatment services.</i></p>	<p>Faith-based organizations desiring to provide recovery support services through ATR-I must be approved by the Idaho Department of Health and Welfare, Substance Abuse Program. The approval will remain in effect until the expiration of the ATR grant funding, pending passage of an annual review.</p>
<b>Community-Based Organizations</b>	<p>Providers (or potential providers) of substance abuse treatment under ATR-I that are not currently approved or contracted to provide clinical treatment must become approved by the Idaho Department of Health and Welfare, Substance Abuse Program, in accordance with requirements under IDAPA 16.06.03—Rules And Minimum Standards Governing Alcohol/Drug Abuse Prevention and Treatment Programs.</p> <p><i>Attaining “approved” status does not guarantee receiving a contract to provide ATR-I clinical treatment services.</i></p>	<p>Community-based organizations desiring to provide recovery support services through ATR-I must be approved by the Idaho Department of Health and Welfare, Substance Abuse Program. The approval will remain in effect until the expiration of the ATR grant funding, pending passage of an annual review.</p>

<b>Recovery Support Services</b> <b>Descriptions and Rates</b> <i>Limits to services may apply.</i> <i>Limits and service rates are subject to change based on grant funding</i>			
	<b>Service</b>	<b>Unit of Service</b>	<b>Reimbursement Rate</b>
	<b>1. Case Management</b>	<i>15 minutes or ¼ of an hour</i>	<i>\$11.25@ ¼ or \$45 per hour</i>
	Coordination of goal-oriented and individualized supports focusing on improved self-sufficiency for the clients served. Case management will include coordination of treatment and recovery support services. Services will include administration of GPRA questionnaires in a timely manner; development of an individual case management plan including goals, tasks, timelines; referral and linking clients to appropriate recovery support services; monitoring client participation in recovery support services; advocacy; coaching and submitting discharge summaries. (See Provider Standards Fact Sheet for additional details)		
	<b>2. Alcohol/Drug Testing</b>	<i>One test</i>	<i>\$13.50</i>
	Testing will be conducted at the provider level and may be administrated randomly or at scheduled intervals. Frequency will vary depending on participant's progress but shall not exceed four (4) tests per month. (See Provider Standards Fact Sheet for additional details)		
	<b>3. Staffed Safe and Sober Housing (Adults)</b>	<i>Per-Day</i>	<i>\$11.50</i>
	Provides clean and sober housing to adults transitioning back into the community. Housing meets local occupancy/safety requirements and systems are in place to monitor client compliance with house rules. Length of stay is limited under the ATR program and clients must be engaged in treatment or aftercare to receive ATR funding. <u>Applicable Standards include:</u> personal space that: respects privacy, promotes personal security, promotes safety. The RSS provider affords the following community living components: regular meetings between the staff and clients, opportunities to participate in typical home activities, linkage with healthcare when these needs are identified, daily access to nutritious meals and snacks, the opportunity of choice by the persons served as to room and housemates. Based on the choice of the clients there are opportunities to access: community activities, cultural activities, social activities, recreational activities, spiritual activities, necessary transportation, and self-help groups. <u>The RSS provider has policies related to:</u> visitors or guests and pets. There is a system for the on-call availability of designated personnel 24 hours a day, 7 days a week. In congregate housing, provisions are made to address the need for: smoking or nonsmoking areas, quiet areas, areas for visits. Procedures are in place to assist clients transitioning to other housing and to assist them in securing housing that is: safe, affordable, accessible, and acceptable. (See Provider Standards Fact Sheet for additional details)		
	<b>4. Emergency/Temporary Housing</b>	<i>One day</i>	<i>\$25</i>
	An emergency/temporary housing facility meets local occupancy/safety requirements and ordinances and has 24-hour staff coverage. Reimbursement is for current ATR clients or those enrolled in ATR within 3 days of entering the emergency housing facility. The length of stay in an emergency or temporary housing facility is limited to five days per year and is intended only for client in a crisis situation. <u>Applicable Standards include:</u> personal space that: respects privacy, promotes personal security and promotes safety. The RSS provider ensures that housing is decent and safe. <u>The RSS provider has policies related to:</u> visitors or guests and pets. There is a system in place for the on-call availability of designated personnel 24 hours a day, 7 days a week. In congregate housing, provisions are made to address the need for: quiet areas, areas for visits. Procedures are in place to assist clients transitioning to other housing and to assist them in securing housing that is: appropriate, safe, affordable, and accessible. (See Provider Standards Fact Sheet for additional details)		

<b>5. Family/Marriage/Life Skills and Guidance</b>	<i>15 min or ¼ of an hour</i>	<i>Individual--\$6.25@ ¼ or \$25 per hour Group--\$10.00 per person/per hour</i>
<p>Helping an individual or group to enhance personal and family skills for work and home, reduce marriage/family conflict, and to develop attitudes and skills which support the adoption of healthy behaviors and healthy re-engagement with the community. Family Engagement services may be offered and should provide the structure to support stabilization in the family and to assist the entire family in making changes that support recovery of the client and all members of the family. Recovery Support can be offered individually or in a group and is intended to help client remain engaged in treatment and become connected to others Family/Marriage and Life Skills Education and Guidance may include work preparation and activities that are culturally, spiritually or gender specific and reflect identified National exemplary/best practice. (See Provider Standards Fact Sheet for additional details).</p>		
<b>6. Child Care</b>	<i>1 hour</i>	<i>\$3.85 per hour/per child</i>
<p>Care and supervision by licensed child care provider while client (parent/guardian) is attending clinical treatment or recovery support services. Child Care providers must meet IDAPA Rules. Exemptions from licensing requirements under Idaho Code 39-1101 include: 1) The occasional care of a neighbors, relatives, or friends child/children by a person not ordinarily in the business of child care. 2) The operation of a private school or religious school for educational purposes for children over four (4) years of age or a religious kindergarten. 3) The provision of occasional care exclusively for children of parents who remain on site in the same building. 4) The operation of day camps, programs and religious schools for less than twelve (12) weeks during a calendar year or not more often than once a week. 5) The provision of care for children of only one (1) immediate family member in addition to the person's own children. (See Provider Standards Fact Sheet for additional details)</p>		
<b>7. Transportation</b>	<i>Per mile</i>	<i>\$.44 cents per mile- or current Federal rate</i>
<p>Transportation is to and from treatment, recovery support services or services related to the clients care plan (does not include transportation to and from work). Anyone providing transportation for ATR-I clients must have: a valid driver's license and current insurance. <u>Standards for reimbursement of transportation include:</u> 1) transportation is by the most direct route practicable. 2) Other modes of transportation, including personal vehicle are unavailable or impractical under the circumstances. 3) Transportation is paid on a reimbursement basis only. (See Provider Standards Fact Sheet for additional details)</p>		

## Access To Recovery—Idaho Contact List Substance Abuse Resource & Contacts

### Department of Health & Welfare Substance Abuse Program Staff

Title	Name	Phone	Email
Substance Abuse Program Manager	Pharis Stanger	334-4944	<a href="mailto:stangerp@idhw.state.id.us">stangerp@idhw.state.id.us</a>
Program Specialist-Prevention	Terry Pappin	334-6542	<a href="mailto:pappint@idhw.state.id.us">pappint@idhw.state.id.us</a>
Program Specialist-Treatment	John Kirsch	334-6680	<a href="mailto:kirschj@idhw.state.id.us">kirschj@idhw.state.id.us</a>
Program Specialist-Program Approval, DUI Evaluator Licensing	Sherry Johnson	334-5934	<a href="mailto:johnson2@idhw.state.id.us">johnson2@idhw.state.id.us</a>
Program Specialist—Block Grant, Outcome, CQI, Data	Bethany Gadzinski	334--5756	<a href="mailto:gadzinsB@idhw.state.id.us">gadzinsB@idhw.state.id.us</a>
Administrative Assistant	Stephanie Petterson	334-5935	<a href="mailto:petterso@idhw.state.id.us">petterso@idhw.state.id.us</a>
ATR Treatment Coordinator	Treena Clark	334-6611	<a href="mailto:clarkt@idhw.state.id.us">clarkt@idhw.state.id.us</a>
ATR Administrative Assistant	Dawn Brown	334-5765	<a href="mailto:brownD2@idhw.state.id.us">brownD2@idhw.state.id.us</a>

### Department of Health & Welfare Regional Community Resource Development Specialist

Region	Name	Phone	Email
1	Linda Harder	769-1515 x347	<a href="mailto:harderl@idhw.state.id.us">harderl@idhw.state.id.us</a>
2	Helen Savage	467-5771	<a href="mailto:savageh@idhw.state.id.us">savageh@idhw.state.id.us</a>
3	Kara Shallock	455-7116	<a href="mailto:schalloK@idhw.state.id.us">schalloK@idhw.state.id.us</a>
4	Kara Shallock	334-6866	<a href="mailto:schallock@idhw.state.id.us">schallock@idhw.state.id.us</a>
5	Marlene Yardley	736-2177	<a href="mailto:yardleym@idhw.state.id.us">yardleym@idhw.state.id.us</a>
6			

### Business Psychology Associates (BPA) Regional Coordinators

Region	Name	Phone	Email
1	Nancy Irvin	964-4868	<a href="mailto:bpnancy@aol.com">bpnancy@aol.com</a>
2	Dean Allen	305-4439	<a href="mailto:dean.allen@bpahealth.com">dean.allen@bpahealth.com</a>
3	Hector DeLeon	284-4511	<a href="mailto:hector.de.leon@bpahealth.com">hector.de.leon@bpahealth.com</a>
4	Hector DeLeon	284-4511	<a href="mailto:hector.de.leon@bpahealth.com">hector.de.leon@bpahealth.com</a>
5	Melissa Clark	948-9488	<a href="mailto:melissac@bpahealth.com">melissac@bpahealth.com</a>
6	Cindy Hansen	760-9777	<a href="mailto:cindyh@bpahealth.com">cindyh@bpahealth.com</a>
7			

**Access To Recovery Website: [www.accesstorecovery.idaho.gov](http://www.accesstorecovery.idaho.gov)**

**Access To Recovery—Idaho**  
**Recovery Support Services**  
**Forms**



## Access To Recovery Recovery Support Services Care Plan

<b>Client Name:</b>	<b>Client ID#:</b>	<b>Date of Plan:</b>
<b>Service Provider:</b>		
<b>Individuals Being Served Under This Care Plan:</b>		
<b>Client Identified</b>		
<ul style="list-style-type: none"> <li>• <b>Strengths</b></li> </ul> <hr/> <hr/> <hr/> <hr/>		
<ul style="list-style-type: none"> <li>• <b>Supports</b></li> </ul> <hr/> <hr/> <hr/> <hr/>		
<b>Goals:</b>		
1.		
2.		
3.		
4.		
5.		
<b>Goal 1</b>	<b>Expected Completion Date</b>	
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>		
<b>Goal 3</b>	<b>Expected Completion Date</b>	
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>		

<b>Goal 4</b>	<b>Expected Completion Date</b>
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>	
<b>Goal 5</b>	<b>Expected Completion Date</b>
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>	

Cultural Issues for Continued Recovery:

\_\_\_\_\_

Recommended Self Help Groups: (Client)

\_\_\_\_\_

Family Input and Recommendations

\_\_\_\_\_

Referrals

\_\_\_\_\_

\_\_\_\_\_

Medical / Psychological problems to be followed prior to and after discharge:

\_\_\_\_\_

<b>SIGNATURES OF PARTICIPANTS IN DEVELOPING THE SERVICE PLAN</b>	
Client/Guardian_____	Date_____
Service Provider_____	Date_____

# Access To Recovery

## Recovery Support Services Care Plan

### Addendum

*\*Use to identify new Recovery Support Services not on client's initial RSS Care Plan*

<b>Client Name:</b>	<b>Client ID#:</b>	<b>Date of Addendum:</b>
<b>Service Provider:</b>		
<b>Individuals Being Served Under This Care Plan:</b>		
<b>Purpose of Addendum:</b>		
<b>New Goals:</b>		
1.		
2.		
3.		
<b>Goal 1</b>		<b>Expected Completion Date</b>
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>		
<b>Goal 2</b>		<b>Expected Completion Date</b>
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>		
<b>Goal 3</b>		<b>Expected Completion Date</b>
<i>Methods</i> <ul style="list-style-type: none"> <li>• _____</li> <li>• _____</li> <li>• _____</li> </ul>		
<b>SIGNATURES OF PARTICIPANTS IN DEVELOPING THE SERVICE PLAN</b>		
Client/Guardian_____		Date_____
Service Provider_____		Date_____

# Recovery Support Services Voucher Request

☐

Initial Voucher

☐

Additional Units

Client Name \_\_\_\_\_ Client ID# \_\_\_\_\_ Date: \_\_\_\_\_

Provider: \_\_\_\_\_ Provider FAX# \_\_\_\_\_

Check	Services Selected	Provider and Site Location Selected	Justification For Service
	Case Management		
	Transportation		
	Alcohol/Drug Testing		
	Adult Safe and Sober Housing		
	Emergency/Temporary Housing		

Check	Services Selected	Provider Selected	Hours Needed Date Span Required	Justification For Service
	Family, Marriage, and Life Skills Education & Guidance			
	Childcare			

Check	Services Selected	Provider Selected	Hours Needed Date Span Required	Justification For Service
	Other (Briefly Describe)			

\_\_\_\_\_  
Staff Signature

**BPA FAX: 1-208-947-4392**

IDHW Access To Recovery RSS Voucher Request Form

Version 1

January 4, 2006

**(Organization Name)**  
**Authorization For Use Or Disclosure of Protected Health Information (PHI)**

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that "Protected Health Information" about me is information that may identify me and relates to my past, present or future physical or mental health or condition and related health care services. I authorize the use and disclosure of Protected Health Information about me as described below.

The persons (or class of persons) authorized to receive the information:

\_\_\_\_\_

Description of the information that may be used and disclosed:

\_\_\_\_\_

My Protected Health Information may be used and disclosed by (Name of the Organization providing RSS) for the following purposes:

\_\_\_\_\_

This authorization will expire upon the following date or event:

\_\_\_\_\_

I understand that this authorization is voluntary and that I may refuse to sign this authorization. I understand that (organization name) may not condition services on whether or not I sign this authorization, unless allowed by law. I understand that I may inspect or copy any information used or disclosed under this authorization.

I also understand that pursuant to (organization name) Notice of Privacy Practices, I may revoke this authorization at any time except to the extent that action may have been taken in reliance on this authorization. I further understand that to revoke this authorization I must deliver notice, in writing, to (organization name) at the following address. (Organization Name)

Contact person

Address

Phone

To receive a signed copy of this form, complete the address information below:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Further, I understand that if the person or entity that receives this information is not a person or entity covered by privacy regulations, the information described above may be re-disclosed and is no longer protected by those regulations.

This authorization will remain in effect until it expires or (organization name) receives written revocation.

\_\_\_\_\_  
Signature of Client or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Legal Personal Representative (if applicable)

Legal Personal Representative's relationship to client and basis for authority to sign on behalf of the client (i.e. Power of Attorney, Legal Guardianship etc.): \_\_\_\_\_

This form must be approved and signed by the (organization name) Program Manager or other authorized representative before any Protected Health Information is released. This occurs after this form is completed by the client or personal representative.

\_\_\_\_\_  
(organization name) Program Manager

\_\_\_\_\_  
Date

**Access To Recovery—Idaho**  
**Recovery Support Services**  
**FACT Sheets**

**ATR-I: Recovery Support Services**  
**PROVIDER STANDARDS FACT SHEET**  
**Case Management**

**Case Management Services Coordination**

Case management service coordination provides goal-oriented and individualized supports focusing on improved self-sufficiency for the persons served through assessment, planning, linkage, advocacy, coordination, and monitoring activities. Successful service coordination results in community opportunities and increased independence for the persons served.

Case management services may be provided by an organization as part of its individual service planning and delivery, by a department or division within the organization, or by a subcontracted third party working with individuals with the sole purpose of providing case management within the scope of providing Recovery Support Services (RSS). Such programs are typically, but not exclusively, provided by qualified case managers, coordinators, or by case management teams.

In order to provide the linkages, coordination, and support needed by the persons served, the RSS Case Managers are able to demonstrate knowledge of healthcare, social services, employment, housing, recreational opportunities, faith based linkages, and other services and systems available in their community and the specific unique needs presented by their clients.

RSS Case Managers use the RSS Care Plan to develop the client's individual care plan. The Recovery Support Services Voucher Request form is submitted to the Department's Management Services Contractor (Business Psychology Associates – BPA) for authorization of additional Recovery Support Services.

**Applicable Standards**

1. The clients served by case management are linked to services and resources to achieve objectives as identified in their individual treatment and RSS plan by the referring agency or agency providing the direct case management services.
2. Personnel providing case management services have a working knowledge of or experience in:
  - a. Services that are appropriate for the needs of the client being served.
  - b. Support systems that are relevant to the lives of the client being served.
  - c. Knowledge, experience or education equivalent to a bachelor's degree in a human service related field. Experience is defined as no less than two years of providing the related recovery support service the personnel are working within.
3. Based on the needs of the client served, case management/service includes:
  - a. Activities carried out in collaboration with the client.
  - b. Outreach to encourage the participation of the client.
  - c. Coordination of, or assistance with, crisis intervention and stabilization services, as appropriate.
  - d. Assistance with achieving goals for independence as defined by the clients RSS Care Plan.
  - e. Optimizing resources and opportunities through:
    - 1) Community linkages.
    - 2) Enhanced social support networks.

- f. Assistance with:
    - 1) Accessing transportation.
    - 2) Finding qualified child care support if needed.
    - 3) Adult transitional housing when appropriate.
    - 4) Family, marital and life skills education and/or guidance
    - 5) Alcohol/Drug Testing to facilitate recovery.
    - 6) Securing safe housing that is reflective of the:
      - a. Abilities of the client.
      - b. Preferences of the client.
    - 7) Exploring employment or other meaningful activities such as further education
  - g. Provision of, or linkage to, skill development services needed to enable the client to perform daily living activities, including, but not limited to:
    - 1) Budgeting.
    - 2) Meal planning.
    - 3) Personal care.
    - 4) Housekeeping and home maintenance.
    - 5) Other identified needs.
  - h. Evidence of linkage with necessary and appropriate:
    - 1) Financial services.
    - 2) Medical or other healthcare.
    - 3) Other community services.
- 4. The organization provides case management activities in locations that meet the needs of the client.
  - 5. The intensity of case management is based on the needs of the client as identified in his or her individual care plan.
  - 6. When multiple case management providers exist:
    - a. A primary RSS Case Manager is identified.
    - b. There is coordination to:
      - 1) Facilitate continuity of care.
      - 2) Complete federal Government Performance Results Act (GPRA) data for the Access to Recovery (ATR) grant.
      - 3) Develop RSS Care Plans.
      - 4) Reduce duplication of services.
  - 7. With the consent of the client, recovery support service providers share information regarding the provision of services.

### **RSS Case Manager Qualifications**

- 1. Provider Agreements. Case Managers must be employees or volunteers of an agency that has a valid Recovery Support Services provider agreement with the Department of Health and Welfare.
- 2. Criminal Background Check. Any individual delivering case management services to children/minors must successfully pass a DHW background check *prior to* the delivery of services.
- 3. Qualifications. Qualifications of the Case Manager shall be verified by DHW through written documentation of work experience, education and classroom instruction. All case managers must meet at least one of the following qualifications:



- a. **Idaho Student of Addiction Studies (ISAS) or Certified Alcohol and Drug Counselor (CADC) or Certified Prevention Specialist (CPS).** An ISAS, CADC or CPS must have current certification with the Idaho Board of Alcohol/Drug Counselor's Certification, Inc. (IBADCC) *and* have working knowledge of services that are appropriate for the needs of the client.
- b. **Holder of a Bachelor's Degree in a Human Services Field.** An individual having a B.A. or B.S. *and* at least twelve (12) months experience with the target population. Individuals without twelve (12) months of experience may gain this experience by working for twelve months under the supervision of a fully-qualified case manager.
- c. **Licensed Clinical Professional Counselor (LCPC) or Licensed Professional Counselor (LPC).** A LCPC or LPC must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01. "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists" *and* have at least twelve (12) months experience with the target population. Individuals without twelve months of experience may gain this experience by working for twelve months under the supervision of a fully-qualified case manager.
- d. **Licensed Pastoral Counselor.** A pastoral counselor must be licensed in accordance with Title 54, Chapter 34, Idaho Code and IDAPA 24.15.01. "Rules of the Idaho Licensing Board of Professional Counselors and Marriage and Family Therapists" *and* have training in the "Core Competencies for Clergy and Other Pastoral Ministers in Addressing Alcohol and Drug Dependence and the Impact on Family Members."
- e. **Experience Equivalency.** Experience is defined as no less than two years of providing the recovery support service the individual wishes to deliver. Individuals must also have working knowledge of services and support systems that are appropriate for the client being served.

**ATR-I: Recovery Support Services**  
**PROVIDER STANDARDS FACT SHEET**  
**Alcohol and Drug Testing**

**Alcohol and Other Drug (AOD) Testing**

AOD testing is recommended by the Access to Recovery-Idaho (ATR-I) grant program. AOD testing results are objective measures of treatment effectiveness, as well as a source of important information for periodic review of treatment progress. AOD testing helps support positive treatment outcomes and provides accurate and reliable data supportive of other data collection efforts such as the federal Government Performance Results Act (GRPA) data collection, which is a grant requirement.

An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each client's progress. Timely and accurate test results promote frankness and honesty among all parties. It gives the client immediate information about his or her progress, making the client active and involved in the treatment process rather than a passive recipient of services.

Modern technology offers highly reliable testing to determine if an individual has recently used specific drugs. Further, it is commonly recognized that alcohol use frequently contributes to relapse among individuals whose primary drug of choice is not alcohol.

**Applicable Standards**

1. AOD testing policies and procedures are based on established and tested guidelines. Licensed contracted laboratories analyzing urine or other samples are also to be held to established standards.
2. Testing will be provided at the provider level and may be administrated randomly or at scheduled intervals. Frequency of testing will vary depending on a participant's progress.
3. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other drugs of abuse, including alcohol.
4. The drug testing procedure must be certain. Elements contributing to the reliability and validity of a urinalysis testing process include, but are not limited to:
  - a. Direct observation of urine sample collection;
  - b. Verification temperature and measurement of creatinine levels to determine the extent of water loading;
  - c. Specific, detailed, written procedures regarding all aspects of urine sample collection, sample analysis, and result reporting;
  - d. A documented chain of custody for each sample collected;
  - e. Quality control and quality assurance procedures for ensuring the integrity of the process, and;
  - f. Procedures for verifying accuracy when drug test results are contested.

5. An ATR-I funded provider will provide for random AOD testing as follows:
  - a. train provider staff to administer AOD testing utilizing elements contributing to the reliability and validity of such testing.
  - b. provide onsite AOD testing utilizing elements contributing to the reliability and validity of such testing.
  - c. Record all AOD testing results in the client record and in data collection reports required by the Grant, the Department, or the Department's Management Services Contractor for the ATR-I program (i.e., Business Psychology Associates – BPA).
6. The coordinated strategy for responding to client continued substance abuse includes prompt responses to positive tests, missing tests, and fraudulent tests.

## **ATR-I: Recovery Support Services PROVIDER STANDARDS FACT SHEET Staffed Safe and Sober Housing--Adult**

Adult Safe and Sober Housing programs provide a safe, clean and sober environment for adults with substance use disorders who are transitioning back into the community.

### **Staffed Safe and Sober Housing Described**

Staffed Safe and Sober Housing Facilities may include either or both of the following:

1. Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for 3-6 months and can be offered in congregate settings that may be larger than residences typically found in the community.
2. Long-term housing that provides stable, supported community living or assists the client in obtaining and maintaining safe, affordable, accessible, and stable housing.

Statutes regulating transitional housing can be found at 42 U.S. Code 11384 (b) and implemented at 24 CFR 583. Statutes for Safe and Sober Housing can be found in the federal Anti-Drug Abuse Act of 1988.

### **Capabilities**

Safe and Sober Housing programs will be expected to provide the following services and perform the following tasks:

1. Assure housing meets local occupancy and safety requirements (such as fire inspection or home inspection)
2. Have systems in place to monitor client compliance with house rules.
3. Have a system for the on-call availability of designated personnel 24 hours a day, 7 days a week.
4. In congregate housing, have provisions to address the need for: smoking or nonsmoking areas, quiet areas, areas for visits.
5. Based on the choice of the clients have opportunities for the clients to access: community activities, social activities, recreational activities, spiritual activities, necessary transportation, and self-help groups.
6. Have procedures in place to assist clients transitioning to other housing and to assist them in securing housing that is: safe, affordable, accessible, and acceptable.
7. Accommodate diverse populations. The Fair Housing Act prohibits discrimination in housing because of race, color, national origin, sex or familial status (families with children), or handicap.

### **Applicable Standards**

At a minimum, transitional housing programs must include the required amenities:

#### **1. Habitability Standards**

##### **a. Structure and Materials**

**Required:** The structure must be structurally sound so as to not pose any threat to the health and safety of the occupants and so as to protect the residents from the elements.

**Recommended:**

- 1) Common space large enough for house members to hold housing meetings or to provide alcohol and drug free recreational opportunities with others in recovery.
- 2) Laundry facilities for residents.
- 3) Individual storage for each resident's personal effects.

**b. Access**

**Required:** The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternative means of egress in case of fire.

**c. Space and Security**

**Required:** Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep. In facilities within single family dwellings, there shall be no more than three persons per sleeping area. The sleeping area must comfortably accommodate at least a twin bed and dresser for each resident. The sleeping area must have a window that may be opened.

Due to the dynamics of relationships for persons with substance use disorders, facilities must provide areas that are separated by gender.

**d. Internal Air Quality**

**Required:** Every room or living space must be provided with natural or mechanical ventilation. Structure must be free of pollution in the air at levels that threaten the health of residents.

**e. Water Supply**

**Required:** The water supply must be free from contamination.

**f. Sanitary Facilities**

**Required:** Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy and are adequate for personal cleanliness and the disposal of human waste. Each unit shall include at least one bathroom for every 4 residents. The bathroom must be available for the exclusive use of the occupants of the unit. The bathroom must be a separate room with

- 1) a flush toilet in operating condition,
- 2) a fixed basin with a sink trap,
- 3) hot and cold water in operating condition,
- 4) a shower or tub in operating condition,
- 5) connections to an approved disposal system,
- 6) privacy, and
- 7) a window that opens (if a window is present) or an exhaust vent system (if no window present).

**g. Thermal Environment**

**Required:** The housing must have adequate heating or cooling facilities or both in proper operating condition.

#### **h. Illumination and electricity**

**Required:** The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit the use of essential electrical appliances while assuring safety from fire.

Living Room/Sleeping Area: requires two (2) outlets OR one (1) outlet and one (1) permanently installed lighting fixture.

Kitchen: requires one (1) outlet and one (1) permanently installed lighting fixture.

Bathroom: requires one (1) permanent lighting fixture.

#### **i. Food preparation and refuse disposal.**

**Required:** Each facility must either provide meals OR provide a meal preparation facility for residents. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner. The common kitchen area must include

- 1) access to refrigeration for perishable food,
- 2) access to a stove and oven to prepare meals,
- 3) access to facilities to clean dishes and work space,
- 4) food storage space if residents are to provide their own food or participate in the food stamp program.
- 5) a dishwasher to clean utensils and dishes to ensure the health and safety of residents.

#### **j. Sanitary Conditions**

**Required:** The housing and equipment must be maintained in sanitary condition.

#### **k. Fire Safety**

**Required:** Each unit must include at least one battery operated or hardwired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent possible, in a hallway adjacent to a bedroom. If hearing-impaired persons occupy the unit, smoke detector must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.

The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery operated or hardwired smoke detectors. Public areas include, but are not limited to laundry rooms, community rooms, hallways, stairwells and other common areas.

## **2. Ongoing Assessment of Supportive Services**

The housing provider must conduct an ongoing assessment of the supportive services required by the residents of the project and the availability of such services, and make adjustments as appropriate. Supportive services include, but are not limited to transportation, child care, random UA's and case management. The supportive services must assist individual's sobriety and recovery and movement into permanent housing. At a minimum these services must include case management services that collaborate with other services and treatment providers in the community to enhance the individual's movement toward self-sufficiency.

### 3. Residential Supervision

#### a. **Transitional Housing Model**

Housing providers must provide residential supervision as necessary to facilitate the adequate provision of supportive services to the residents of staffed safe and sober housing. Residential supervision may include the employment of a full or part time on-site residential manager with sufficient knowledge of substance use disorders for persons who require additional structure or are relapse prone.

#### b. **Clean and Sober Housing Model (modified Oxford House)**

Residential supervision may include the employment of a housing coordinator who supports housing that is democratically run by the residents on a day to day basis by attending weekly house meetings, collecting rents, selecting tenants, conducting random UA's and conducting monthly house inspections and is on call to respond to emergency situations.

### 4. Termination of Housing

The housing provider may terminate the tenancy of a participant who violates program requirements. Housing providers shall only terminate tenancy in the most severe cases.

#### a. The following situations may result in termination of tenancy:

- 1) The individual used alcohol or used illicit drugs or took prescription drugs inappropriately or not prescribed to him or her.
- 2) Individual fails to pay his or her rent as stated in the contract.
- 3) The individual engages in any disruptive behavior or violent behavior. Disruptive behavior is any behavior deemed by the residents to be detrimental to the serenity and recovery of any resident. These acts include threats, physical violence or intimidation of any manner, or both.

#### b. In terminating the tenancy the housing provider must provide a formal written process that recognizes the rights of the individual to due process of law. This process must at a minimum consist of:

- 1) Written notice to the participant containing a clear statement of the reasons for termination.
- 2) A house meeting of all residents will be called in which the offense is presented by the house manager. The participant is given the opportunity to present oral objections before the members of the house. If appropriate, the house members then vote as to whether or not the individual is expelled.
- 3) The house manager will document in the client's file reasons for termination and any actions resulting from the house meeting.

### **Physical Inspection**

The physical inspection will include a review of client rooms or units, all common areas, grounds, building interiors and exteriors, and all adjoining facilities. The facility will be inspected to determine if hazards or potential safety issues exist.

### **Resident Selection Policy**

ATR strongly suggests facilities establish a written Resident Selection Policy that clearly states how potential clients will be selected. Further, the policy should address specific priorities for client selection, such as recently released prisoners, single mothers, etc.

## **ATR-I: Recovery Support Services PROVIDER STANDARDS FACT SHEET Emergency/Temporary Housing**

Emergency/Temporary Housing providers, a sub-set of Access to Recovery-Idaho (ATR-I) Recovery Support Services, provide housing for adults with substance use disorders on an emergency or temporary basis. Reimbursement is for current ATR clients or those enrolled in ATR within 3 days of entering the emergency housing facility. The length of stay in an emergency or temporary housing facility is limited to five days per year and is intended only for clients in a crisis situation.

### **Capabilities**

Emergency and Temporary Housing Facilities will be expected to provide the following services and perform the following tasks:

1. Assure housing meets local occupancy and safety requirements (such as fire inspection/home inspection).
2. Address a client's needs for: privacy, personal security and safety. Safety needs include environmental risks as well as abuse and/or neglect inflicted by self or others.
3. Develops and enforces policies related to visitors, guests, and pets
4. Provides a 24 hour/7 day a week system for on-call availability of designated personnel to respond to client needs.
5. Provides smoking or non smoking areas, quiet areas, and areas for visits.
6. Informs clients of both the privileges and responsibilities relating to temporary housing in their facility.
7. Provides assistance for clients in securing permanent or transitional housing that is: safe, affordable, accessible and acceptable.
8. Accommodate diverse population. The Fair Housing Act prohibits discrimination in housing because of race, color, national origin, sex or familial status (families with children), or handicap.

### **Applicable Standards**

1. **Structure and Materials**—The facility must be structurally sound and not pose a threat to the health and safety of the occupants and must protect the residents from weather.
2. **Access**—The facility must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternative means of egress in case of fire.
3. **Space and Security**—The facility must provide adequate space and security for their clients and their belongings. Each client and /or their family must be provided with an acceptable place to sleep. The sleeping area must have a window that may be opened. Due to the dynamics of relationships for persons with addictive disorders, facilities must provide areas that are separated by gender.
4. **Internal Air Quality**—Every room or living space must be provided with natural or mechanical ventilation. The facility must be free of pollution in the air at levels that threaten the health of clients.
5. **Water Supply**—The water supply must be free from contamination.



6. **Sanitary Facilities**—Residents must have access to sufficient sanitary facilities in proper operating conditions, may be used in privacy and are adequate for personal cleanliness and the disposal of human waste.
7. **Thermal Environment**—The facility must have adequate heating and/or cooling facilities in proper operating condition.
8. **Illumination and Electricity**—The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents.
9. **Food Preparation**—Each facility must either provide meals OR provide a meal preparation facility for residents. All food preparation areas must contain suitable space and equipment to store, prepare and serve food in a sanitary manner. The kitchen must have a dishwasher to clean utensils and dishes to ensure the health and safety of residents.
10. **Sanitary Conditions**—The housing and equipment must be maintained in a sanitary condition.
11. **Fire Safety**—Each public and sleeping area of the facility must include at least one battery operated or hardwired smoke detector, in proper working condition. Smoke detectors must be located, to the extent possible, in a hallway adjacent to a bedroom. If hearing-impaired persons occupy the unit, smoke detector must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person,

### **Physical Inspection**

The physical inspection will include a review of client rooms or units, all common areas, grounds, building interiors and exteriors, and all adjoining facilities. The facility will be inspected to determine if hazards or potential safety issues exist.

### **Resident Selection Policy**

ATR strongly suggests facilities establish a written Resident Selection Policy that clearly states how potential clients will be selected. Further, the policy should address specific priorities for client selection, such as recently released prisoners, single mothers, etc.

**ATR-I: Recovery Support Services**  
**PROVIDER STANDARDS FACT SHEET**  
**Family, Marital and Life Skills Education and Guidance**

Family, Marital and Life Skills Education and Guidance providers, a sub-set of ATR-I Recovery Support Services, help individuals or groups, or both to enhance personal and family skills for work and home, reduce marriage/family conflict, and develop attitudes and capabilities that support the adoption of healthy, recovery-oriented behaviors and healthy re-engagement with the community. Family, Marital and Life Skills Education and Guidance may include activities that are culturally, spiritually or gender specific.

**Education and Guidance Services**

The goal of education and guidance services is that through advocacy, teaching, role modeling, educational and social service and groups, clients and consumers in recovery will find and adopt the various tools they'll need to become productive members of society.

1. Education Services Described. Education for recovering individuals may be provided on an individual basis or group setting and shall consist of one or more of the following objectives:
  - a. promotion of structured leisure and recreational activities.
  - b. restoration and celebration of traditional family events and rituals.
  - c. family/parenting education:
    - support and promotion of healthy parent-child engagement;
    - provide the structure, through skills and knowledge development, to support stabilization in the family and to assist the entire family in making changes that support the recovery of the client and all members of the family;
    - help to engage the client's family in treatment and enhance their understanding of the treatment and recovery process in order to assist the primary client in working toward treatment or recovery goals, or both.
  - d. job preparedness and educational preparedness training; supported employment.
  - e. healthy marriage; for recovering individuals, who have chosen marriage for themselves, to acquire the skills and knowledge necessary to form or sustain a healthy marriage through the use of effective communication and conflict management skills.
  - f. life skills; development of self help skills such as:
    - building self-esteem;
    - learning to identify and express feeling;
    - building positive relationships with spouse, family, peers and others;
    - developing decision-making skills;
    - understanding chemical dependency as a family illness;
    - understanding codependency and dysfunctional behaviors and life patterns associated with being a member of a family in which there is a substance abuse problem;
    - learning and practicing non-violent ways to resolve conflict;
    - health care skills including understanding mental illness and how to manage it; warning signs or relapse and how to prevent it.
  - g. individualized assistance; training in activities of daily living and home economics based on client assessment.
  - h. spiritual life skills; assist an individual or group of at least two persons to develop spiritually which might include, but is not limited to, establishing or reestablishing a relationship with a higher power, acquiring skills needed to cope with life changing incidents, adopting positive values or principles,

identifying a sense of purpose and mission for one's life, and achieving serenity and peace of mind; responsible decision-making, social engagement and family responsibility may also be addressed; spiritual life skills is to be provided by an individual who is recognized by the agency's governing authority as being trained and qualified to provide this service.

- i. instruction and participation in culture-specific activities that reunite the recovering individual with one's traditions, "lifeways", heritage, symbols, history and language where appropriate.

2. Guidance Services Described. Guidance to recovering individuals shall consist of one or more of the following objectives:
  - a. pastoral guidance; incorporate faith in the substance abuse recovery process; this may include, but is not limited to, assisting clients and their family members in various crises as a result of substance abuse. Pastoral guidance is delivered by a duly ordained minister or their equivalent such as a rabbi or imam.
  - b. peer support / individual recovery support ; face-to-face interaction between an experienced recovery support person and an ATR-I qualified individual; peer/recovery support is intended to help clients remain engaged in treatment and/or recovery services, identify and shift their destructive patterns that may lead to relapse. The provider must be recognized by the agency's governing authority as being qualified to provide this service.
  - c. group recovery support; group facilitator and at least two persons who are engaged in substance abuse treatment or recovery support; provide support for individuals in recovery by offering mutual encouragement and becoming connected with others who share similar experiences.

## **Capabilities**

Education Programs and Guidance Services providers will be expected to provide the following services and perform the following tasks:

- a. A physical location, mailing address, contact person, telephone and fax machine (or internet access sufficient to communicate vouchers and invoices).
- b. Sufficient equipment and supplies to provide education or guidance services, or both to individuals and groups.
- c. Financial stability that does not rely solely upon ATR-I funds for the sustainability of the program
- d. A record of performance in the provision of education or guidance services of at least one (1) year
- e. A catalogue of education materials, course work, curricula, manuals and other evidence of best or promising practices related to education of people in recovery.
- f. Be knowledgeable of and conversant with local/statewide providers of related services and treatment services.
- g. Work closely with clients who represent various populations, cultures, disorders and other unique circumstances in a manner that is non-discriminatory.
- h. Work closely with treatment providers who may represent a wide variety of treatment philosophies and a wide variety of clinical needs ranging from criminal justice offenders to addicted individuals suffering from co-occurring severe mental illnesses.
- i. Actively communicate and collaborate with treatment providers and referral sources such as probation and parole officers for the purpose of meeting client needs and maintaining active relationships and open networks or "linkages" between services and agencies.
- j. Actively document client progress through their participation in the education or guidance services, or both in a manner acceptable to this program.
- k. Manage facilities and practices that maintain client confidentiality and meet safety standards.
- l. Maintain continuity of education and guidance services while detecting and responding to any unmet, particularly urgent or emergent clinical needs. Such needs will be brought to the attention of the RSS Case Manager or treatment provider, or both as soon as possible.

- m. Invoice or remit claims to the management services contractor in a timely fashion according to approved billing procedures.
- n. Receive authorized vouchers for services prior to supplying services.

### **Applicable Standards**

1. All individuals providing education and guidance services to youth under age 18 must have a current criminal history check. Checks must be conducted by the Idaho Department of Health and Welfare unless the individual works for the Department of Education or a law enforcement agency. Documentation that the criminal history check has occurred must be maintained in each staff person's file.
2. All agencies, organizations, coalitions or other groups receiving ATR-I funding are encouraged to use programs recognized as Best or Promising Practice Education Programs by the Center for Substance Abuse Prevention or Treatment or Centers for the Application of Prevention Technology, the U.S. Department of Education or the Office of Juvenile Justice and Delinquency Prevention. Education programs that are not using recognized Best or Promising Practices will need to submit a curriculum and description of services to the ATR-I program staff for approval.
3. All education and guidance service providers shall, at a minimum, maintain the following documentation on each ATR-I client participating in the educational program:
  - a. Title of service provided
  - b. Brief description of the service provided
  - c. The date and actual time (beginning and ending times) the service was rendered
  - d. Name and title of the person who rendered the service

# **ATR-I: Recovery Support Services**

## **Provider Standards Fact Sheets**

### **Child Care**

Child Care, a sub-set of ATR-I Recovery Support Services, allows a client, who is a parent or guardian, to participate in clinical treatment and/or recovery support services. These services include care and supervision provided during part of a twenty-four (24) hour day to a client's child (ren), less than 13 years of age, while the client is participating in clinical treatment and/or recovery support services.

#### **Capabilities**

Child Care providers will be expected to provide the following services and perform the following tasks:

- a. provide services at a time and location that is suitable for the client to attend clinical treatment or recovery support services.
- b. provide a setting that promotes and ensures the health, well-being and safety of the child (ren) in care.

#### **Minimum Standards**


1. Individuals providing child care services or who have unsupervised direct contact with children in care must have a current Criminal History Check. Checks must be conducted by the Idaho Department of Health and Welfare.
2. The organization shall follow State regulations for reporting incidents of child abuse and/or neglect.
3. Child Care providers must be licensed and meet the Idaho Administrative Procedures Act (IDAPA) Rules 16.06.02 *Rules Governing Standards for Child Care Licensing*. A copy of these rules can be found at: <http://adm.idaho.gov/adminrules/rules/idapa16/16index.htm>
4. Child Care providers may request an exemption from licensing requirements under Idaho Code 39-1101 (Title 39; Chapter 11) in the following instances:
  - a. the occasional care of a neighbor's, relative's or friend's child or children by a person not ordinarily in the business of child care;
  - b. the operation of a private school or religious school for educational purposes for children over four (4) years of age or a religious kindergarten;
  - c. the provision of occasional care exclusively for children of parents who are simultaneously in the same building;
  - d. the operation of day camps, programs and religious schools for less than twelve (12) weeks during a calendar year or not more often than once a week; or
  - e. the provision of care for the children of only one (1) immediate family in addition to the person's own children

#### **Applicable Standards**

Child Care providers caring for one or more unrelated children under age thirteen and receiving compensation for that care must meet the minimum standards for health and safety established by the Idaho Department of Health and Welfare. A copy of these rules can be found at:

<http://adm.idaho.gov/adminrules/rules/idapa16/0612.pdf>

1. Providers maintain current certification in pediatric rescue breathing and first aid.
2. Immunization records are kept on-site and made available to health department officials for viewing at all times for all children in the program.
3. Health and safety standards for hand washing are practiced before and after child care routines including: diapering; assisting children in the bathroom; wiping noses; administering first aid; preparing food and eating meals.
4. Foods given to children are kept at proper temperatures and not subject to contamination.
5. Medicines, cleaning products and other dangerous substances and articles are kept away from children at all times.
6. A functioning smoke alarm and fire extinguisher are adequately installed and kept in the area where children are cared for. Two exits are determined to be adequate in case of emergency and a plan for escape exists and is practiced.
7. A telephone or other means of communication is working at all times and made available in event of an emergency.
8. The minimum age for child care providers is 18 years.
9. No one living in the place where child care is provided or employed in the child care program has any physical or mental condition that poses a health or safety risk to a child receiving care.
10. No one living in the place where child care is provided or employed in the child care program has been sentenced or received delayed sentencing for any of the following crimes: homicide; kidnapping; prostitution; arson; assault; aggression; indecency; physical or sexual abuse of a child, nor have they been the subject of a complaint of abuse or negligence of a minor.

	<div style="text-align: right;"> <b>IdahoSTARS</b>  Professional Development System   1471 Shoreline Drive, suite 202  Boise, Idaho 83702  <a href="http://www.idahostars.org">www.idahostars.org</a> </div>
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Prepared for  
Access to  
Recovery – Idaho

**Quality Child Care**—Every child has the right to the highest quality child care whatever their gender, ethnicity, religion or economic status. Quality care involves a safe place for children to play and explore. Safety is not only in the physical surrounding—it’s emotional as well. It is important for a child to find toys and areas that are safe for his/her stage of development, it’s important that he/she feels welcomed, loved, and comfortable with those who care for him/her. A good caregiver is loving and responsive, respects the child’s individuality and offers quality surroundings for play and exploration. Experts know that investing in a child’s success early on is critical. Research shows the tangible results – adults with greater success in life, less involvement in crime, higher incomes and higher education levels.

**Social and Emotional Learning**—Children learn through their important relationships. Social and emotional development involves the acquisition of a set of skills. Key among them is the ability to:

- Identify and understand one’s own feelings,
- Accurately read and comprehend emotional states in others,
- Manage strong emotions and their expression in a constructive manner,
- Regulate one’s own behavior,
- Develop empathy for others, and
- Establish and sustain relationships

**Intellectual Learning**—Children learn when they are making sense of their world. One type of learning (such as learning numbers, letters or the like) is not more important than another. All areas of learning—social, emotional, and intellectual—happen at the same time and are dependent on each other.

**Hispanic Culture**—Cultural considerations are increasingly important for the children of recovering individuals and remain the subject of debate by experts in the areas of language acquisition, relevancy and the preservation of cultural heritage. Quality child care respects and welcomes the diversity of all children.

**To obtain information on providing culturally sensitive childcare, dial 211 or 800-926-2588**

	 <div style="text-align: center;"> IDAHO DEPARTMENT OF  <b>HEALTH &amp; WELFARE</b> </div>	 <div style="text-align: center;"> CENTER ON DISABILITIES AND  <b>HUMAN DEVELOPMENT</b>  <i>live learn work play</i>  University of Idaho  College of Education </div>
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# **ATR-I: Recovery Support Services PROVIDER STANDARDS FACT SHEET Transportation**

Because many clients do not have transportation due to financial limitations or lack of a positive support structure, reliable transportation is crucial to keeping the client committed to the recovery process. Under the ATR-I program, transportation services are provided to clients who are engaged in treatment and/or recovery support appointments and activities and who have no other means of obtaining transportation. Transportation services may be provided by an agency or an individual provider. **Reimbursement is not available for transportation services to and from employment.**

## **Core Capabilities**

Transportation providers will be expected to provide the following services and perform the following tasks:

- a. provide services to transport clients to and from treatment or recovery support services.
- b. provide services at a time and location that is suitable for the client to attend clinical treatment or recovery support services.
- c. transportation is by the most direct route practical.

## **Applicable Standards**

1. Anyone providing transportation for ATR-I clients must, at a minimum, meet the following standards:
  - a. have a valid driver's license. Agencies shall maintain documentation of appropriate licensure for all employees transporting clients.
  - b. adhere to all laws, rules and regulations applicable to drivers and vehicles of the type used.
  - c. continuously maintain liability insurance that covers passengers. Individual providers must carry at least the minimum insurance required by Idaho law. If an agency permits employees to transport clients in employee's personal vehicles, the agency must ensure that adequate insurance coverage is carried to cover those circumstances.
2. Other modes of transportation, including personal vehicle, assistance by family, friends and charitable organizations, are unavailable or impractical under the circumstances.
3. Individuals providing transportation services or who have unsupervised direct contact with children under 18 (eighteen) years of age, must have a current Criminal History Check. Checks must be conducted by the Idaho Department of Health and Welfare.
4. Transportation is not covered by the agency to which the client is being transported.
5. The person for whom services are billed is actually transported for all the distance billed.
6. Transportation is paid on a reimbursement basis only.



# **Appendix A**

## **Recovery Support Services Billing Procedures Provider Packet**

# Appendix B

## Poverty Scale

**TABLE WITH ANNUAL INCOME – 2005**

SUBSTANCE ABUSE PROGRAM REIMBURSEMENT SCHEDULE									
Number of Persons in Family Unit and Annual Income									
Rate of Poverty	1	2	3	4	5	6	7	8	
100%	\$ 9,570	\$ 12,830	\$ 16,090	\$ 19,350	\$ 22,610	\$ 25,870	\$ 29,130	\$ 32,390	
105%	\$ 10,049	\$ 13,472	\$ 16,895	\$ 20,318	\$ 23,741	\$ 27,164	\$ 30,587	\$ 34,010	
115%	\$ 11,006	\$ 14,755	\$ 18,504	\$ 22,253	\$ 26,002	\$ 29,751	\$ 33,500	\$ 37,249	
125%	\$ 11,963	\$ 16,038	\$ 20,113	\$ 24,188	\$ 28,263	\$ 32,338	\$ 36,413	\$ 40,488	
135%	\$ 12,920	\$ 17,321	\$ 21,722	\$ 26,123	\$ 30,524	\$ 34,925	\$ 39,326	\$ 43,727	
145%	\$ 13,877	\$ 18,604	\$ 23,331	\$ 28,058	\$ 32,785	\$ 37,512	\$ 42,239	\$ 46,966	
155%	\$ 14,834	\$ 19,887	\$ 24,940	\$ 29,993	\$ 35,046	\$ 40,099	\$ 45,152	\$ 50,205	
165%	\$ 15,791	\$ 21,170	\$ 26,549	\$ 31,928	\$ 37,307	\$ 42,686	\$ 48,065	\$ 53,444	
175%	\$ 16,748	\$ 22,453	\$ 28,158	\$ 33,863	\$ 39,568	\$ 45,273	\$ 50,978	\$ 56,683	
Note: At 100% of poverty add \$3,260 for each additional family member									

**TABLE WITH MONTHLY INCOME – 2005**

SUBSTANCE ABUSE PROGRAM REIMBURSEMENT SCHEDULE									
Number of Persons in Family Unit and Monthly Income									
Rate of Poverty	1	2	3	4	5	6	7	8	
100%	\$ 798	\$ 1,069	\$ 1,341	\$ 1,613	\$ 1,884	\$ 2,156	\$ 2,428	\$ 2,699	
105%	\$ 837	\$ 1,123	\$ 1,408	\$ 1,693	\$ 1,978	\$ 2,264	\$ 2,549	\$ 2,834	
115%	\$ 917	\$ 1,230	\$ 1,542	\$ 1,854	\$ 2,167	\$ 2,479	\$ 2,792	\$ 3,104	
125%	\$ 997	\$ 1,336	\$ 1,676	\$ 2,016	\$ 2,355	\$ 2,695	\$ 3,034	\$ 3,374	
135%	\$ 1,077	\$ 1,443	\$ 1,810	\$ 2,177	\$ 2,544	\$ 2,910	\$ 3,277	\$ 3,644	
145%	\$ 1,156	\$ 1,550	\$ 1,944	\$ 2,338	\$ 2,732	\$ 3,126	\$ 3,520	\$ 3,914	
155%	\$ 1,236	\$ 1,657	\$ 2,078	\$ 2,499	\$ 2,920	\$ 3,342	\$ 3,763	\$ 4,184	
165%	\$ 1,316	\$ 1,764	\$ 2,212	\$ 2,661	\$ 3,109	\$ 3,557	\$ 4,005	\$ 4,454	
175%	\$ 1,396	\$ 1,871	\$ 2,346	\$ 2,822	\$ 3,297	\$ 3,773	\$ 4,248	\$ 4,724	
Note: At 100% of poverty, add \$272 for each additional family member									

(Source: [The 2005 HHS Poverty Guidelines](http://aspe.hhs.gov/poverty/05poverty.shtml), US Dept. of HHS, Office of the Assistant Secretary for Planning & Evaluation -- <http://aspe.hhs.gov/poverty/05poverty.shtml>)

# Appendix C

## Charitable Choice Guidelines

### **Charitable Choice Began in 1996**

- Welfare Reform Law Section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act.
- Established new rules for collaboration between government and faith-based and community organizations.

### **Presidential Executive Order: The Charitable Choice Rule**

- Faith-based organizations can COMPETE with other organizations to provide services funded by the federal government:
  - HHS - Health & Human Services (Funds ATR-I)
  - HUD - Housing and Urban Development
  - DOJ – Department of Justice
  - DOE - Department of Education
  - DOL - Department of Labor
  - AG - Department of Agriculture

### **What changes with the Charitable Choice Rule?**

- States must now consider faith-based social service providers when working to procure critical services for people in need.
- Faith-based providers stand on equal footing with other providers when State contracts are being evaluated.

### **Charitable Choice Protects Participants & FBCO's**

- Faith-Based service providers must serve all eligible persons without discrimination.
- Faith-Based organizations must keep ATR-I contracted funds separate from the organizations other funds. Set up a separate bank account specifically for ATR-I funds.
- Participants and recipients cannot be forced to take part in activities such as worship, scripture study or prayer.
- No one can be excluded from benefits on the basis of religion.
- If a participant objects to a faith-based organization's services, the State must provide an alternative source or method for services.

### **Charitable Choice Is....**

- The law...a new guideline for government to work with a larger community, broadening procurement rules to provide equal opportunity for faith-based and secular service providers.
- Designed to permit faith communities to keep their independence and integrity – clearing away barriers as they become allies and partners.

### **Charitable Choice Is NOT. .**

- Government funded religion.
- A pot of money especially dedicated to funding faith-based groups.
- A bias in favor of faith-based groups.

# Appendix D

## Safeguarding of Protected Health Information

HIPAA and 42 CFR, part 2

### Health Insurance Portability & Accountability Act of 1996 (HIPPA)

#### *Summary*

**Standards for electronic health information transactions.** Within 18 months of enactment, the Secretary of HHS is required to adopt standards from among those already approved by private standards developing organizations for certain electronic health transactions, including claims, enrollment, eligibility, payment, and coordination of benefits. These standards also must address the security of electronic health information systems.

**Mandate on providers and health plans, and timetable.** Providers and health plans are required to use the standards for the specified electronic transactions 24 months after they are adopted. Plans and providers may comply directly, or may use a health care clearinghouse. Certain health plans, in particular workers compensation, are not covered. **Privacy.** The Secretary is required to recommend privacy standards for health information to Congress 12 months after enactment. If Congress does not enact privacy legislation within 3 years of enactment, the Secretary shall promulgate privacy regulations for individually identifiable electronic health information.

**Pre-emption of State Law.** The bill supersedes state laws, except where the Secretary determines that the State law is necessary to prevent fraud and abuse, to ensure appropriate state regulation of insurance or health plans, addresses controlled substances, or for other purposes. If the Secretary promulgates privacy regulations, those regulations do not pre-empt state laws that impose more stringent requirements. These provisions do not limit a State's ability to require health plan reporting or audits.

**Penalties.** The bill imposes civil money penalties and prison for certain violations.

### 42 CFR, Part 2

#### **IDAPA Rule 16.05.05.250**

#### **250. SUBSTANCE ABUSE**

Consent to treatment and confidentiality of alcohol and drug abuse patient records are governed by 42 CFR 2.12 through 2.67, and Sections 37-2743, 37-3102, 39-307, and 39-308, Idaho Code. (3-20-04)

**01. Drug Abuse.** A medical practitioner will not disclose identifying information, treatment or request for treatment, to any law enforcement officer or agency or in any proceeding, in compliance with Sections 37-2743

**IDAHO ADMINISTRATIVE CODE IDAPA 16.05.01 Department of Health and Welfare Use and Disclosure of Department Records Page 15 IAC 2005** and 37-3102, Idaho Code. (3-20-04)

**02. Age Sixteen and Over.** Information regarding substance abuse treatment of an individual who is at least age sixteen (16) years old will not be disclosed to a parent or guardian unless authorized by the individual, in compliance with Section 37-3102, Idaho Code, and 42 CFR 2.14. Individuals who are at least sixteen (16) years old may consent to substance abuse treatment.

**The following URLs will provide you with more Information regarding HIPAA and 42 CFR, part 2:**

<http://www.hipaa.samhsa.gov/download2/SAMHSA'sPart2-HIPAAComparisonClearedWordVersion.doc>

<http://www.insighthouse.com/confidentiality.html>

# Appendix E

## Recovery Support Services Records

Recovery Support Service Records are kept to document the delivery of services and the client's participation, progress and achievements in recovery. Recovery Support Services Records include:

**Date** that services were delivered

**Time**—When service began and when service ended

**Service Provided**—Type of Recovery Support Service provided (e.g. Case Management; Safe and Sober Housing; Transportation; etc)

**Description of Service Provided**—What are the specifics of the service? Topic or activities of service; transportation to and from where?; childcare while client did what?; etc.

**Name and Title of Person who rendered the service**—Each entry is signed by the individual who delivered the service followed by individual's license/degree (if applicable) or job title.

Service Records may also be used to document:

- Client's behavior
- Unexpected occurrence related to problems/strengths
- Family input/feedback
- Client's progress in recovery

The attached form is an example of the type of form that can be used, but is not required. An organization may develop their own form as long as the required documentation is included.

# Appendix E—Example

## Recovery Support Services Record

Client Name: \_\_\_\_\_

Date	Time	Service Provided	Service Note
7/6/04	8p-9p	FMLS/GRP	Topic—Money Management Discussion/Education on why you should budget. (Signature and Title of Service Provider)
7/6/04	8p-9p	Childcare	Provided on site for client's 4 year old and 2 year old while client attended budget class. (Signature and Title of Service Provider)
7/12/04	12p-1p	FMLS/GRP	12-step group (Signature and Title of Service Provider)
7/14/04	5:50p-6:00p	Transportation	Picked up client at home and took him to There's Hope Counseling for treatment group. Mileage—3 miles (Signature and Title of Service Provider)
7/14/04	8:00p-8:10p	Transportation	Picked up client from There's Hope Counseling and took him home. Mileage—3 miles (Signature and Title of Service Provider)

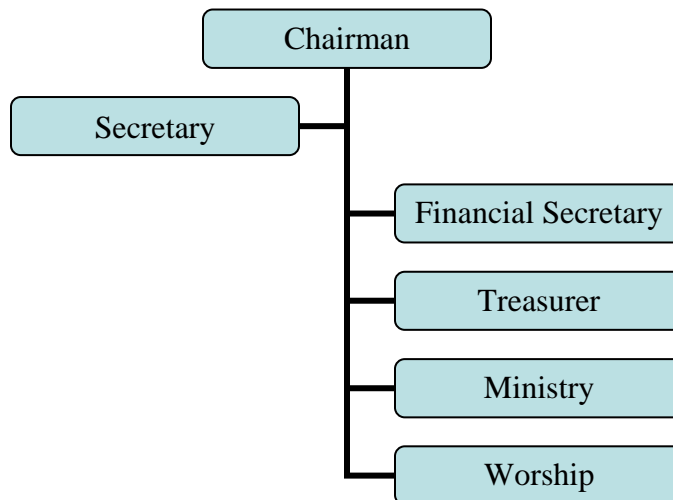
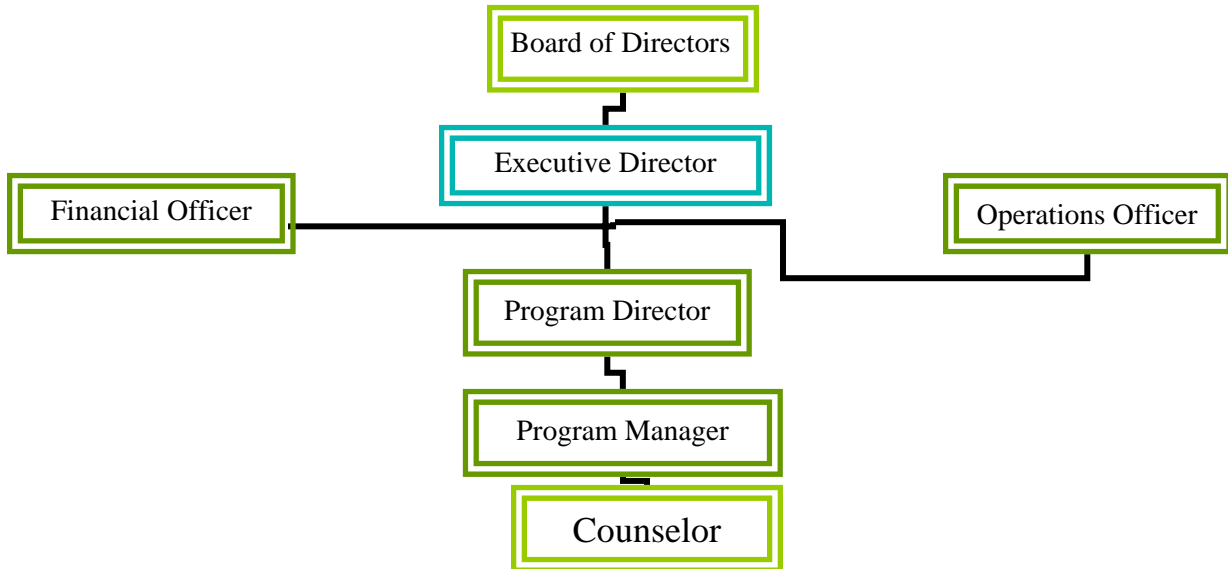
**CM**=Case Management; **FMLS**=Family, Marital, Life Skills; **IND**=Individual; **GRP**=Group; **AOD Test**=Alcohol/Drug Testing

# Appendix F

## Organizational Chart

Organizational charts are also known as organization charts or org charts. They are essentially tree or hierarchical layouts that help understand the relationships between higher and lower levels. Such charts are normally used to present the divisions between personnel and/or departments.

Examples of Organizational Charts;



# Appendix G

## Developing Recovery Support Services Program Policies and Procedures

Policies and procedures are generally developed to establish uniform guidelines that describe what is done within an organization and how an organization performs tasks.

The Access To Recovery program asks that Recovery Support Service providers have or develop a Policy and Procedure Manual for their organization that contains following:

- The Organization's purpose and philosophy. Faith-based providers may include Articles of Faith and Entity Creed.
- Policy ensuring that a clients participation in religious activities not outlined in the approved program will be voluntary.
- Description of how the Organization plans to address continuity of care if the Organization is no longer able to provide services.
- Policy addressing conflict of interest
- Policy on maintaining an environment free from sexual harassment and intimidation.
- Policy requiring any individual delivering services to children or minors to receive and successfully pass a Department of Health and Welfare Criminal History Background Check.
- Fiscal management policies.
- Grievance procedures for clients, volunteers and employees.
- Policy for reporting incidents of child abuse and/or neglect.
- Policy for reporting complaints of abuse, neglect and misuse of funds or property related to ATR funding.
- Policies relating to the type of Recovery Support Service being provided—for example, a transportation provider will need a policy on transporting clients that includes the requirement of drivers to have a valid driver's license and describes how the organization intends to ensure that requirement is fulfilled.
- Procedures for client referral, transfer to other services and discharge
- Written Standard of Conduct for employees and/or volunteers

When developing policies, it may be helpful to keep in mind the difference between a Policy and a Procedure.

**Policy**—A written statement that clearly indicates the position and values of the organization on a given subject. It contains rules and tells one what is acceptable.

**Procedure**—A written set of instructions that describes the approval and recommended steps for a particular act or sequence of acts. It tells one how to perform a set of tasks.

**Remember**—Policies and Procedures do not have to be complicated and technical assistance for developing policies and procedures is available.



# Appendix G—Policy and Procedure Example

There's Hope Center

ATR-I Recovery Support Services

*Transportation of ATR Clients--Adults*

## **Policy**

There's Hope Center will provide transportation to and from treatment and/or recovery support services for eligible adult ATR clients. Employees and volunteers will use the organization's van to provide transport. Employees and volunteers will not use their personal vehicles to transport clients for reimbursement. There's Hope Center will ensure that There's Hope Center employees and volunteers performing the service will have a valid driver's license and that proper liability insurance is maintained.

## **Procedure**

1. There's Hope Center will maintain the following documentation in its ATR Program File:
  - Current copy of valid driver's license for each employees and/or volunteers performing the transportation service
  - Copy of current vehicle insurance
2. There's Hope Center will provide transportation services:
  - At a time and location that is suitable for the client to attend clinical treatment or recovery support services
  - By the most direct route practical

# **Appendix H**

## **Developing Job Descriptions for Recovery Support Service Providers**

Organizations providing Recovery Support Services should develop job descriptions for staff and volunteers that will be providing the approved services. Organizations may want to develop a new job description for the provision of the service or add the provision of the service to an existing job description. A job description should include the following:

### **Introduction**

Brief paragraph about the organization and summary of role of position within the organization. Gives context of the position and addresses the level of supervision.

### **Duties/Functional Areas**

Outline or narrative of the specific responsibilities and duties of the position relating to the delivery of Recovery Support Services

### **Qualifications**

Describes the experience, education, training, knowledge and/or skills that are needed or required to perform the duties of the position.

# Appendix I

## GPRA Tool

**THE FOLLOWING IS INTENDED FOR ILLUSTRATION PURPOSES ONLY! INDIVIDUALS MUST COMPLETE THE REQUIRED TRAINING BEFORE COLLECTING DATA USING THE GPRA TOOL. ONLY THOSE ORGANIZATION PROVIDING CLINICAL TREATMENT AND/OR CASE MANAGEMENT SERVICES ARE REQUIRED TO BE GPRA TRAINED.**



## GPRA Intake Interview

Client Name: \_\_\_\_\_  
Optional (used only for identification for claims payment; not sent to CSAT)

Client ID: \_\_\_\_\_

Interview Date: |\_\_|\_| / |\_\_|\_| / |\_\_|\_|\_|\_|\_|  
Month Day Year

Interviewer: \_\_\_\_\_

Facility: \_\_\_\_\_

### Demographics

Are you Hispanic or Latino?

- ☐ YES  
☐ NO

If Yes, what ethnic group do you consider yourself? (SELECT ONE OR MORE)

- ☐ Central American  
☐ Cuban  
☐ Dominican  
☐ Mexican  
☐ Puerto Rican  
☐ South American  
☐ Other (SPECIFY) \_\_\_\_\_

What is your race? (SELECT ALL THAT APPLY)

- ☐ Black or African American  
☐ Asian  
☐ American Indian  
☐ Native Hawaiian or other Pacific Islander  
☐ Alaska Native  
☐ White

## Drug and Alcohol Use

During the past 30 days how many days have you used the following:

	Number of days	Route of Admin
Any alcohol.....	_ _	
Alcohol to intoxication (5+ drinks in one sitting) .....	_ _	
Alcohol to intoxication (4 or fewer drinks and felt high) .....	_ _	
Illegal drugs.....	_ _	

During the past 30 days how many days have you used the following:

	Number of Days	Route of Administration
Cocaine/Crack.....	_ _	_
Marijuana/Hashish.....	_ _	_
Heroin/other opiates .....	_ _	_
Hallucinogens/psychedelics .....	_ _	_
Methamphetamines or other amphetamines.....	_ _	_
Benzodiazepines.....	_ _	_
Barbiturates .....	_ _	_
Ecstasy and other club drugs.....	_ _	_
Ketamine .....	_ _	_
Inhalants .....	_ _	_
Other Illegal Drugs (SPECIFY).....	_ _	_

*NOTE: CODES FOR ROUTE OF ADMINISTRATION ARE AS FOLLOWS:*

1. *Oral*
2. *Smoking*
3. *Inhalation*
4. *Injection (IV or intramuscular)*
5. *Other*

## Family and Living Conditions

(Do not read options to client)

In the past 30 days, where have you been living most of the time?

- ☐ Homeless – No fixed address; includes shelters
- ☐ Dependent Living – Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living – Including on own, self-supported, and non-supervised group homes

If Female: Are you currently pregnant?

- ☐ YES
- ☐ NO
- ☐ Don't Know

Do you have children?

- ☐ YES
- ☐ NO (Skip to Education and Employment, pg. 4)

How many children do you have?

|\_|\_|

Are any of your children living with someone else due to a child protection order?

- ☐ YES
- ☐ NO (Skip to Education and Employment, pg. 4)

If yes, how many of your children are living with someone else due to a child protection court order?

|\_|\_|

For how many children have you lost parental rights? (The client's parental rights were terminated)

|\_|\_|

## Education and Employment

Are you currently enrolled in school or a job training program?

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ OTHER (SPECIFY)

Are you currently employed?

- ☐ Full time – Working 35 hours or more each week: includes members of the uniformed services
- ☐ Part time – Working fewer than 35 hours each week
- ☐ Unemployed, looking for work during the past 30 days or on lay off from a job
- ☐ Not in labor force – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution
- ☐ OTHER (SPECIFY) \_\_\_\_\_

If not in the labor force, what is your status?

- ☐ Student enrolled in a school or job training program
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of an institution that restrains a person, otherwise able, from the workforce
- ☐ OTHER (SPECIFY) \_\_\_\_\_

What is the highest grade or year of school that you completed?

- ☐ Never attended school
- ☐ 1<sup>st</sup> grade completed
- ☐ 2<sup>nd</sup> grade completed
- ☐ 3<sup>rd</sup> grade completed
- ☐ 4<sup>th</sup> grade completed
- ☐ 5<sup>th</sup> grade completed
- ☐ 6<sup>th</sup> grade completed
- ☐ 7<sup>th</sup> grade completed
- ☐ 8<sup>th</sup> grade completed
- ☐ 9<sup>th</sup> grade completed
- ☐ 10<sup>th</sup> grade completed
- ☐ 11<sup>th</sup> grade completed
- ☐ 12<sup>th</sup> grade completed/high school diploma/equivalent
- ☐ College or university/1<sup>st</sup> year completed
- ☐ College or university/2<sup>nd</sup> year completed/Associates degree (AA,AS)
- ☐ College or university/3<sup>rd</sup> year completed
- ☐ Bachelor's degree or higher
- ☐ Voc/tech program after high school but no voc/tech diploma
- ☐ Voc/tech program after high school

## **Criminal Justice**

In the past 30 days, how many times have you been arrested?

|\_\_|\_\_|

How many of these arrests were for alcohol or illicit drug offenses?

|\_\_|\_\_|

In the past 30 days, how many nights have you spent in jail/prison? (NOTE: THIS INCLUDES NOT BEING FORMALLY ARRESTED).

|\_\_|\_\_|

## **Social Connectedness**

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

(i.e. did the client participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems such as: AA, NA, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.)

- ☐ YES
- ☐ NO

In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

- ☐ YES
- ☐ NO

In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- ☐ YES
- ☐ NO

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- ☐ YES
- ☐ NO

To whom do you turn when you are having trouble? (CHECK ONE)

- ☐ No One
- ☐ Clergy member
- ☐ Family member
- ☐ Friends
- ☐ Other (SPECIFY): \_\_\_\_\_





## GPRA Status Interview

Client Name: \_\_\_\_\_  
Optional (used only for identification for claims payment; not sent to CSAT)

Client ID: \_\_\_\_\_

Interview Date: |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
Month Day Year

Interviewer: \_\_\_\_\_

Facility: \_\_\_\_\_

## Drug and Alcohol Use

During the past 30 days how many days have you used the following:

	Number of days	Route of Admin
Any alcohol.....	_ _	
Alcohol to intoxication (5+ drinks in one sitting) .....	_ _	
Alcohol to intoxication (4 or fewer drinks and felt high) .....	_ _	
Illegal drugs.....	_ _	

During the past 30 days how many days have you used the following:

	Number of Days	Route of Administration
Cocaine/Crack.....	_ _	_
Marijuana/Hashish.....	_ _	_
Heroin/other opiates .....	_ _	_
Hallucinogens/psychedelics .....	_ _	_
Methamphetamines or other amphetamines.....	_ _	_
Benzodiazepines.....	_ _	_
Barbiturates .....	_ _	_
Ecstasy and other club drugs.....	_ _	_
Ketamine .....	_ _	_
Inhalants .....	_ _	_
Other Illegal Drugs (SPECIFY).....	_ _	_

*NOTE: CODES FOR ROUTE OF ADMINISTRATION ARE AS FOLLOWS:*

6. *Oral*
7. *Smoking*
8. *Inhalation*
9. *Injection (IV or intramuscular)*
10. *Other*

## **Family and Living Conditions**

(Do not read options to client)

In the past 30 days, where have you been living most of the time?

- ☐ Homeless – No fixed address; includes shelters
- ☐ Dependent Living – Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living – Including on own, self-supported, and non-supervised group homes

If Female: Are you currently pregnant?

- ☐ YES
- ☐ NO
- ☐ Don't Know

Do you have children?

- ☐ YES
- ☐ NO (Skip to Education and Employment, pg. 4)

How many children do you have?

|\_\_|\_\_|

Are any of your children living with someone else due to a child protection order?

- ☐ YES
- ☐ NO (Skip to Education and Employment, pg. 4)

If yes, how many of your children are living with someone else due to a child protection court order?

|\_\_|\_\_|

For how many children have you lost parental rights? (The client's parental rights were terminated)

|\_\_|\_\_|

## Education and Employment

Are you currently enrolled in school or a job training program?

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ OTHER (SPECIFY)

Are you currently employed?

- ☐ Full time – Working 35 hours or more each week: includes members of the uniformed services
- ☐ Part time – Working fewer than 35 hours each week
- ☐ Unemployed, looking for work during the past 30 days or on lay off from a job
- ☐ Not in labor force – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution
- ☐ OTHER (SPECIFY) \_\_\_\_\_

If not in the labor force, what is your status?

- ☐ Student enrolled in a school or job training program
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of an institution that restrains a person, otherwise able, from the workforce
- ☐ OTHER (SPECIFY) \_\_\_\_\_

What is the highest grade or year of school that you completed?

- ☐ Never attended school
- ☐ 1<sup>st</sup> grade completed
- ☐ 2<sup>nd</sup> grade completed
- ☐ 3<sup>rd</sup> grade completed
- ☐ 4<sup>th</sup> grade completed
- ☐ 5<sup>th</sup> grade completed
- ☐ 6<sup>th</sup> grade completed
- ☐ 7<sup>th</sup> grade completed
- ☐ 8<sup>th</sup> grade completed
- ☐ 9<sup>th</sup> grade completed
- ☐ 10<sup>th</sup> grade completed
- ☐ 11<sup>th</sup> grade completed
- ☐ 12<sup>th</sup> grade completed/high school diploma/equivalent
- ☐ College or university/1<sup>st</sup> year completed
- ☐ College or university/2<sup>nd</sup> year completed/Associates degree (AA,AS)
- ☐ College or university/3<sup>rd</sup> year completed
- ☐ Bachelor's degree or higher
- ☐ Voc/tech program after high school but no voc/tech diploma
- ☐ Voc/tech program after high school

## **Criminal Justice**

In the past 30 days, how many times have you been arrested?

|\_\_|\_\_|

How many of these arrests were for alcohol or illicit drug offenses?

|\_\_|\_\_|

In the past 30 days, how many nights have you spent in jail/prison? (NOTE: THIS INCLUDES NOT BEING FORMALLY ARRESTED).

|\_\_|\_\_|

## **Social Connectedness**

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

(i.e. did the client participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems such as: AA, NA, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.)

- ☐ YES
- ☐ NO

In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

- ☐ YES
- ☐ NO

In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

- ☐ YES
- ☐ NO

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

- ☐ YES
- ☐ NO

To whom do you turn when you are having trouble? (CHECK ONE)

- ☐ No One
- ☐ Clergy member
- ☐ Family member
- ☐ Friends
- ☐ Other (SPECIFY): \_\_\_\_\_



## GPRA Discharge Interview

Client Name: \_\_\_\_\_  
Optional (used only for identification for claims payment; not sent to CSAT)

Client ID: \_\_\_\_\_

Interview Date: |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
Month Day Year

Interviewer: \_\_\_\_\_

Facility: \_\_\_\_\_

## Drug and Alcohol Use

During the past 30 days how many days have you used the following:

	Number of days	Route of Admin
Any alcohol.....	_ _	
Alcohol to intoxication (5+ drinks in one sitting) .....	_ _	
Alcohol to intoxication (4 or fewer drinks and felt high) .....	_ _	
Illegal drugs.....	_ _	

During the past 30 days how many days have you used the following:

	Number of Days	Route of Administration
Cocaine/Crack.....	_ _	_
Marijuana/Hashish.....	_ _	_
Heroin/other opiates .....	_ _	_
Hallucinogens/psychedelics .....	_ _	_
Methamphetamines or other amphetamines.....	_ _	_
Benzodiazepines.....	_ _	_
Barbiturates .....	_ _	_
Ecstasy and other club drugs.....	_ _	_
Ketamine .....	_ _	_
Inhalants .....	_ _	_
Other Illegal Drugs (SPECIFY).....	_ _	_

*NOTE: CODES FOR ROUTE OF ADMINISTRATION ARE AS FOLLOWS:*

- 11. *Oral*
- 12. *Smoking*
- 13. *Inhalation*
- 14. *Injection (IV or intramuscular)*
- 15. *Other*

## **Family and Living Conditions**

(Do not read options to client)

In the past 30 days, where have you been living most of the time?

- ☐ Homeless – No fixed address; includes shelters
- ☐ Dependent Living – Dependent children and adults living in a supervised setting such as a halfway house or group home
- ☐ Independent Living – Including on own, self-supported, and non-supervised group homes

If Female: Are you currently pregnant?

- ☐ YES
- ☐ NO
- ☐ Don't Know

Do you have children?

- ☐ YES
- ☐ NO (Skip to Education and Employment)

How many children do you have?

|\_|\_|

Are any of your children living with someone else due to a child protection order?

- ☐ YES
- ☐ NO (Skip to Education and Employment)

If yes, how many of your children are living with someone else due to a child protection court order?

|\_|\_|

For how many children have you lost parental rights? (The client's parental rights were terminated)

|\_|\_|



## Education and Employment

Are you currently enrolled in school or a job training program?

- ☐ NOT ENROLLED
- ☐ ENROLLED, FULL TIME
- ☐ ENROLLED, PART TIME
- ☐ OTHER (SPECIFY) \_\_\_\_\_

Are you currently employed?

- ☐ Full time – Working 35 hours or more each week: includes members of the uniformed services
- ☐ Part time – Working fewer than 35 hours each week
- ☐ Unemployed, looking for work during the past 30 days or on lay off from a job
- ☐ Not in labor force – Not looking for work during the past 30 days or a homemaker, student, disabled, retired, or an inmate of an institution
- ☐ OTHER (SPECIFY) \_\_\_\_\_

If not in the labor force, what is your status?

- ☐ Student enrolled in a school or job training program
- ☐ Homemaker
- ☐ Retired
- ☐ Disabled
- ☐ Inmate of an institution that restrains a person, otherwise able, from the workforce
- ☐ OTHER (SPECIFY) \_\_\_\_\_

What is the highest grade or year of school that you completed?

- ☐ Never attended school
- ☐ 1<sup>st</sup> grade completed
- ☐ 2<sup>nd</sup> grade completed
- ☐ 3<sup>rd</sup> grade completed
- ☐ 4<sup>th</sup> grade completed
- ☐ 5<sup>th</sup> grade completed
- ☐ 6<sup>th</sup> grade completed
- ☐ 7<sup>th</sup> grade completed
- ☐ 8<sup>th</sup> grade completed
- ☐ 9<sup>th</sup> grade completed
- ☐ 10<sup>th</sup> grade completed
- ☐ 11<sup>th</sup> grade completed
- ☐ 12<sup>th</sup> grade completed/high school diploma/equivalent
- ☐ College or university/1<sup>st</sup> year completed
- ☐ College or university/2<sup>nd</sup> year completed/Associates degree (AA,AS)
- ☐ College or university/3<sup>rd</sup> year completed
- ☐ Bachelor's degree or higher
- ☐ Voc/tech program after high school but no voc/tech diploma
- ☐ Voc/tech program after high school

## **Criminal Justice**

In the past 30 days, how many times have you been arrested?

|\_\_|\_\_|

How many of these arrests were for alcohol or illicit drug offenses?

|\_\_|\_\_|

In the past 30 days, how many nights have you spent in jail/prison? (NOTE: THIS INCLUDES NOT BEING FORMALLY ARRESTED).

|\_\_|\_\_|

## **Social Connectedness**

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization?

(i.e. did the client participate in a non-professional, peer-operated organization devoted to helping individuals who have addiction related problems such as: AA, NA, Oxford House, Secular Organization for Sobriety, Women for Sobriety, etc.)

☐ YES

☐ NO

In the past 30 days, did you attend any religious/faith affiliated recovery self-help groups?

☐ YES

☐ NO

In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

☐ YES

☐ NO

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

☐ YES

☐ NO

To whom do you turn when you are having trouble? (CHECK ONE)

☐ No One

☐ Clergy member

☐ Family member

☐ Friends

☐ Other (SPECIFY): \_\_\_\_\_

## Discharge Information

(Complete at Discharge from the Episode of Care, not Clinical Transfer)

What is the date of discharge? (Specify the Month, Day and year the client was formally discharged from the state-funded program)

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

What is the reason for discharge?

- ☐ Treatment completed
- ☐ Transferred to another funding source
- ☐ Administrative discharge
- ☐ Incarcerated
- ☐ Death
- ☐ Lost contact (dropped out)
- ☐ Other (SPECIFY) \_\_\_\_\_



## Enrollment Form

ATR-Idaho issues this Enrollment Form requesting applications from recovery support service providers (“providers”) to provide services to eligible Clients in accordance with the federal Access To Recovery (ATR) program. To be enrolled as a provider in the ATR program, a provider must submit an application in compliance with the requirements described in this Form, meet the eligibility requirements described in this Form, and enter into a Provider Agreement with Idaho Department of Health and Welfare describing the requirements for participation in the ATR program.

A service profile assessment is completed on each client during the screening and helps determine which treatment and recovery support services are needed; however client choice dictates placement at any level of care (clinical or RSS). Treatment and Recovery Support Services will be provided through a network of licensed clinical treatment providers and approved recovery support service providers (including faith and community-based) each of whom will sign an agreement.

This enrollment is directed only to those organizations that are capable of providing recovery support services under the ATR grant.

All applications submitted in response to this Enrollment will be screened for completeness and accuracy. ATR-I staff will approve or deny all Recovery Support providers based on the enrollment criteria described in this Form.

## **Recovery Support Services Rates**

ATR-I Recovery Support Services rates are detailed on Attachment C, Recovery Support Services Rates and Service Descriptions. Recovery Support Services are paid at 100% of Service Rate listed.

### **Eligible Providers**

Organizations seeking to provide Recovery Support Services must be trained and qualified according to ATR requirements and have the appropriate approval prior to the first effective service day proposed. Organizations must also comply with Attachment E, Eligibility Requirements, and have attended any required training sessions.

### **Services**

Organizations must provide a recovery support service program, which consists of the core capabilities as outlined in the Provider Fact Sheets for each Recovery Support Service, however, exceptions will be evaluated on a case by case basis.

Providers must comply with Attachment F Services Description and services described in Attachment C, Recovery Support Services Rates and Service Descriptions.

### **Service Area**

Please indicate the locations where you intend to provide recovery support services on attachment A, ATR Recovery Support Summary Form, as well as the type of service you will be performing.

### **Training Requirement**

Prior to final approval the provider must receive or agree to receive training necessary to comply with new program requirements. This training will be at no cost to the provider. All providers delivering case management services must be trained and certified in collecting data using the Government Performance Results Act (GPRA) tool.

## OPEN ENROLLMENT RESPONSE INSTRUCTIONS

1. Applicant Signature. Responses must contain **original** signatures on all forms requiring signatures. Signatures must be from an official appointed by the organization's governing body with the authority to bind the organization.
2. Application Preparation and Assembly. Complete and return all required forms to the address indicated below. A complete application consists of responses to all required forms and information listed on Attachment D, Open Enrollment Response Checklist.

**\*\*All required forms are available by contacting:**

Treena Clark, ATR Program Specialist—	334-6611
Dawn Brown, ATR Admin. Assistant—	334-5765
BPA Provider Network Management—	1-800-688-4013

**\*\*Place the ATR-I Enrollment Form page at the front of the application packet followed by the other required forms and documentation as applicable.**

3. Applications may be sent to the following address:

Access To Recovery Program  
450 W. State Street, 5<sup>th</sup> Floor  
Boise, ID 83720-0036

4. Please do not submit application by facsimile (FAX) or electronic mail transmission (email).
5. Upon receipt, the application will be screened for completeness and accuracy. When all enrollment criteria have been met an approval letter will be forwarded to the applicant.
6. Questions regarding this Open Enrollment can be directed to ATR-I staff at the above contact information.

## **GENERAL INSTRUCTIONS FOR THE ENROLLMENT FORM**

### **Complete the items listed below:**

1. a-j. Enter the legal name of the applicant organization. Complete the address, county where the headquarters is located; fax number of the organization and the email address where official business correspondence can be directed. Enter the names and telephone numbers for the executive director, program director(s), financial contact and board chair.
2. Enter Employer Identification Number of applicant as assigned by the Internal Revenue Service.
3. Check the applicant type that best describes applicant organization. If “other,” specify type of organization. (Any reference to public entities such as universities and schools in this solicitation is not intended to also refer to publicly traded entities.)
4. If you’ve answered yes to 4a, 4b, 4c, 4d, or 4e please provide or attach an explanation. Refer to General Requirements and Eligibility Conditions on pages 81 and 82.
5. Review application certification statement.
- 6a. Enter name and title of Authorized Certifying Official.
- 6b. Signature of Authorized Certifying Official and date.

# ENROLLMENT FORM

## FY 2006 ACCESS TO RECOVERY – RECOVERY SUPPORT SERVICES OPEN ENROLLMENT

### SECTION I – ORGANIZATION DATA

1. ORGANIZATION INFORMATION:  a. Organization Name  b. Street/P.O. Box  c. City, State, and ZIP  d. County and Region	2. EMPLOYER IDENTIFICATION NUMBER (EIN)  3. CHECK TYPE OF APPLICANT/RECEIPIENT  <input type="checkbox"/> For-Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Public <input type="checkbox"/> Other _____
---	--

e. Fax number

f. Email Address for official communication

g. Executive Director/CEO (Name/Telephone Number)

h. Program Director(s) (Name/Telephone Number)

i. Financial Contact/CFO (Name/Telephone Number)

j. Board Chair (Name/Address/Telephone Number)

#### 4. If you answer yes to any of the following, provide a detailed explanation.

4a. Disclosure of Contract Suspension/Termination, License surrender/revocation/suspension. If Yes, explain:  
☐ Yes  
☐ No

4b. Disclosure of Pending or Threatened Litigation. If Yes, explain:  
☐ Yes  
☐ No

4c. Disclosure of IRS debt. If Yes, explain and attach proof of good standing with the IRS:  
☐ Yes  
☐ No

4d. Related Party Disclosure. If Yes, explain:  
☐ Yes  
☐ No

4e. Disclosure of Criminal History. If Yes, explain:  
☐ Yes  
☐ No

### SECTION II

5. THE APPLICANT CERTIFIES THAT	To the best of my knowledge, data in this response are true and correct, the document has been duly authorized by the governing body of the provider and the provider will comply with the attached assurances should an agreement be signed.	
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6. CERTIFYING REPRESENTATIVE	a. NAME AND TITLE	a. SIGNATURE
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7. State Certifying Representative	a. NAME AND TITLE	a. SIGNATURE
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## **INSTRUCTIONS FOR COMPLETING THE ATR RECOVERY SUPPORT SUMMARY FORM**

*Duplicate form if necessary.*

Please indicate telephone number of admissions office.

- (a) Make an entry for each recovery support service for which you are proposing to provide.
- (b) Indicate population served by checking the appropriate box.
- (c) For each site where services are to be delivered, enter the name, site address, phone number and contact person.
- (d) Enter the age range of the males and females to be served, as applicable.

\*Rows may be added as needed.

## ATTACHMENT A

### RECOVERY SUPPORT SERVICES SUMMARY FORM

(a) Services	(b) Population Served	(c) Name Site Address/Phone Number Contact Person	(d) Age/Range Male/Female	
<b>Case Management</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Transportation</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Family, Marital, Life Skills Education and Guidance</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Alcohol/Drug Testing</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Staffed Safe and Sober Housing - Adult</b>	<input type="checkbox"/> Adult			
<b>Emergency/Temporary Housing</b>	<input type="checkbox"/> Adult			
<b>Child Care</b>	NA		Less than 13 (thirteen) years of age	

*\*Please submit a résumé for each staff person providing services—does not apply to treatment providers already in the BPA network*

## ATTACHMENT B

### ATR PROVIDER PROFILE FORM

*The information on this form will be posted on the Access To Recovery Website*

#### Organizational Information

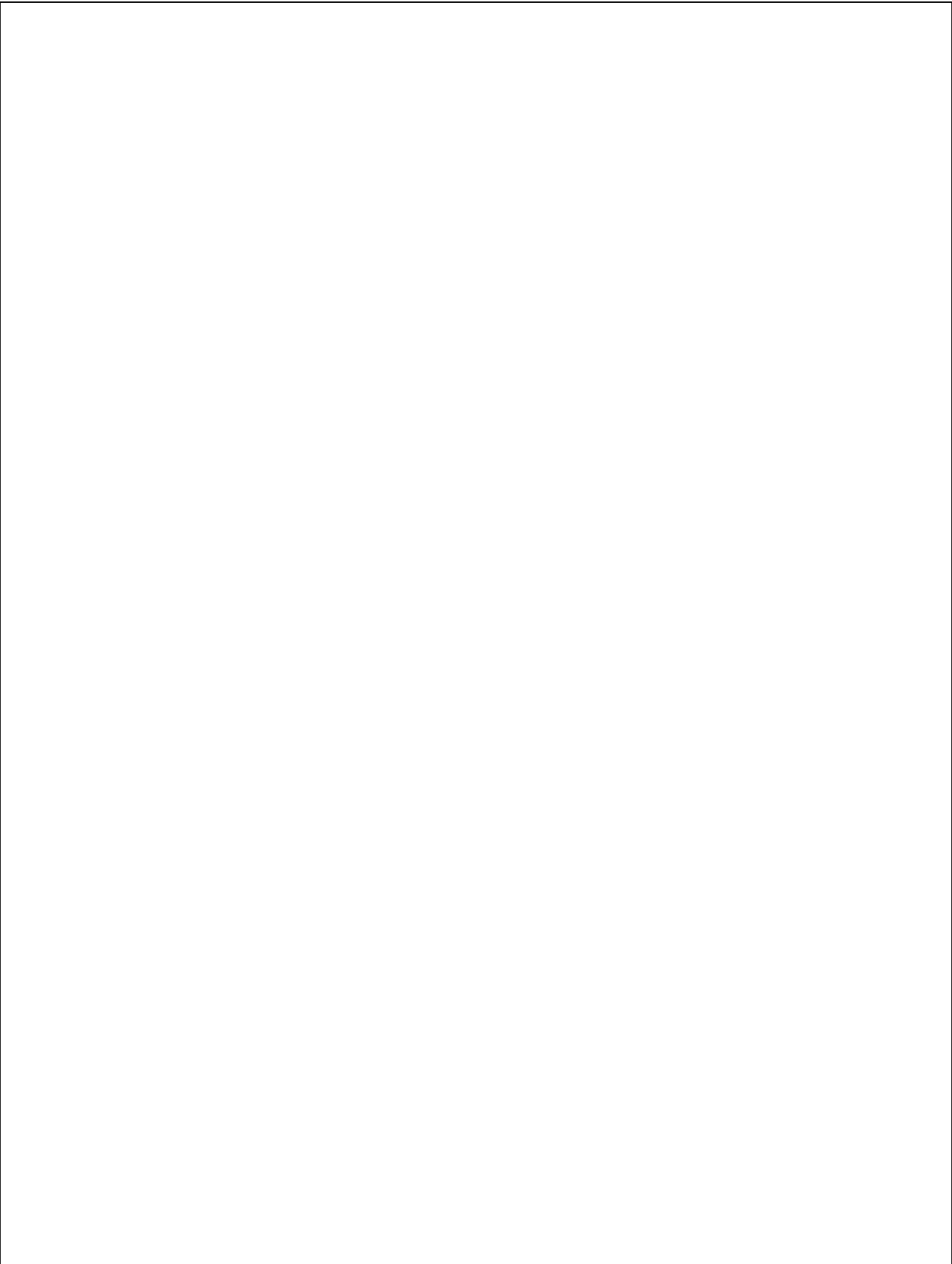
1. Organization Name: \_\_\_\_\_
2. Hours of Operation: \_\_\_\_\_
3. How can the public (consumers, referral sources) contact your organization for more information?  
☐ Phone (Please provide number) \_\_\_\_\_  
☐ E-Mail (Please provide e-mail address) \_\_\_\_\_  
☐ Other (Please Specify) \_\_\_\_\_
4. Do you want your organization to be listed as faith based?  
☐ Yes (Please specify faith) \_\_\_\_\_  
☐ No
5. In what language would you provide services?  
☐ English  
☐ Spanish  
☐ Sign  
☐ Other \_\_\_\_\_

#### Recovery Support/Treatment Services Summary

Site Address	Services	Population Served	
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female

#### Program Description

Please describe your program. Include any special features or accommodations your program offers that may assist the client in choosing a provider. The Program Description **should not exceed 100 words**.



## ATTACHMENT C

### RECOVERY SUPPORT SERVICES RATES AND SERVICE DESCRIPTIONS

*Limits to services may apply.*

*Limits and Rates are subject to change based on grant funding*

Service	Service Description	Additional Qualifications	Unit	Rate
Case Management	Coordination of goal-oriented and individualized supports focusing on improved self-sufficiency for the clients served. Case management will include coordination of treatment and recovery support services. Services will include random drug testing, administration of GPRA questionnaires in a timely manner; development of an individual case management plan including goals, tasks, timelines; referral and linking clients to appropriate recovery support services; monitoring client participation in recovery support services; advocacy; coaching and submitting discharge summaries. (See Provider Standards Fact Sheet for additional details)	ISAS, CADC, or LPCP, Licensed Pastoral Counselor, CPS, B.A., or B.S. in a human services field and at least 12 months experience w/population.  <i>or</i> Two or more years providing case management services.	15 minutes or ¼ of an hour	\$11.25 @ ¼ of an hour or \$45 per hour
Transportation	Transportation is to and from treatment, recovery support services or services related to the clients care plan. 1) transportation is by the most direct route practicable. 2) Other modes of transportation, including personal vehicle are unavailable or impractical under the circumstances. 3) Transportation is paid on a reimbursement basis only.	Valid driver's license and current insurance. Anyone providing transportation to adolescents must have criminal history check.	Per mile	\$.44 per mile (subject to change with federal rate)
Family, Marital, Life Skills Education And Guidance	Helping an individual or group to enhance personal and family skills for work and home, reduce marriage/family conflict, and to develop attitudes and skills, which support the adoption of healthy behaviors and healthy re-engagement with the community. Family/Marriage and Life Skills Education may include activities that are culturally, spiritually or gender specific and reflect identified National exemplary/best practice. (See Provider Standards Fact Sheet for additional details)	A record of performance in the provision of education or guidance services of at least one (1) year	15 minutes or ¼ of an hour	Individual-- \$6.25@ ¼ or \$25 per hour Group-- \$10.00 per person/per hour
Child Care	Care and supervision provided during part of a twenty-four (24) hour day to a client's child(ren), less than 13 years of age, while the client is participating in clinical treatment and/or recovery support services.	Licensed, or license waived, child care facility or individual	1 hour	\$3.85
Staffed Adult Safe and Sober Housing	Safe, clean and sober housing for adults with substance use disorders that are transitioning back into the community. On-call availability of designated personnel 24 hours a day, 7 days a week.	Housing meets local occupancy/safety requirements	Per Day	\$11.50
Emergency/ Temporary Housing	Housing for adults with substance use disorders on an emergency or temporary basis. Reimbursement is for current ATR clients or those enrolled in ATR within 3 days of entering the emergency housing facility. The length of stay in an emergency or temporary housing facility is limited to five days per year and is	Housing meets local occupancy/safety requirements	Per Day	\$25

	intended only for clients in a crisis situation.			
Alcohol/Drug Testing	Testing for alcohol and/or drugs at the provider level. Testing may be administered randomly or at scheduled intervals. Frequency will vary depending on participant's progress but shall not exceed four (4) tests per month.	Alcohol/Drug testing policies and procedures are based on established and tested guidelines.	Per Test	\$13.50

## **ATTACHMENT D**

### **OPEN ENROLLMENT APPLICATION CHECKLIST**

Each Application Must Contain the Following Complete Items:

- ☐ ATR Enrollment Form (Attachments if applicable)
- ☐ GPRA Training Certificate for Case Management Services (May be sent in when completed)
- ☐ Articles of Incorporation or Bylaws and/or Articles of Faith
- ☐ Organizational Overview and Chart
- ☐ Organizational Policies & Procedures for Recovery Support Services
- ☐ Job descriptions and Qualifications of those delivering Recovery Support Services
- ☐ Board Member list
- ☐ Financial Summary or Balance Sheet
- ☐ Certificate of Liability

#### **Program Forms**

- ☐ ATR Recovery Support Services Summary Form (Attachment A)
- ☐ ATR Program Information Form (Attachment B)

**Copies Of The Following**—*As applicable to the services you will be providing*

- ☐ Inspection Report by a fire authority that housing facility complies with local safety/occupancy codes (Housing programs)
- ☐ Transportation policy and proper automobile insurance
- ☐ Child Care License or request for waiver of licensing requirements
- ☐ Criminal History Checks of Individuals working directly or unsupervised with anyone less than eighteen years of age.
- ☐ Description of Family, Marital and Life Skills Education/Guidance Curriculum

## ATTACHMENT E

### ELIGIBILITY REQUIREMENTS

Applicant shall submit all documents required in this Enrollment Form. An organization is not considered eligible to apply unless the applicant organization meets the following conditions upon application submission and continues to meet these conditions throughout the selection process and throughout the duration of any contract. ATR-I staff expressly reserves the right to review and analyze the documentation submitted and determine the applicant's eligibility for open enrollment.

1. The following required forms must be submitted and must contain original signatures. The failure to do so will result in rejection of the application: **Enrollment Form — Signature required; Provider Agreement—Signature required.**
2. Applicants seeking to provide Recovery Support services must be trained and qualified according to the agency's governing body and have the appropriate approval on the first effective service day proposed. Provider must submit job descriptions and qualifications for positions serving ATR clients.
3. Applicant shall provide an organizational overview, organizational chart and organizational policies and procedures related to the delivery of Recovery Support Services. Include the organization's Articles of Faith and/or mission statement and describe the organizational structure.
4. If available, the applicant shall attach a list of current board members and officers of the governing body. Include each member's name, address, telephone number, position on board, and term.
5. The applicant shall have an Idaho address. A post office box address may be used when the application is submitted, but the applicant must conduct business at a physical location in Idaho before funds will be released.
6. All applicants must comply with ATR General Provisions, Provider Agreement Service Requirements and all other Department rules where indicated.
7. Organizations shall submit a financial summary or current balance sheet.
8. If the applicant, as an organization, has had a contract suspended or terminated, or has surrendered its license, or has had its license suspended or revoked by any local, state or federal department or agency or non-profit entity, it shall disclose by completing item 4a on the ATR-I Enrollment Form and attaching a one page description of the reason(s) for such action that includes the name and contact information of the local, state or federal department or agency, or entity, the date of the contract and/or license action, and a contract, license or case reference number. In the event of such contract or license action, the members of an applicant's governing body, administrators, and management must submit sworn documentation demonstrating, to ATR-I's satisfaction, that: (a) they were not directly involved in, aware of, or responsible for the acts or omissions that were the basis of the contract suspension or termination, or license surrender, suspension or revocation; or (b) sufficient time has passed to allow the events that led to the contract suspension or termination, or license surrender, suspension or revocation to no longer serve as the basis of denial of funding eligibility.
9. Disclosure of Pending or Threatened Litigation. All applicants shall disclose to ATR-I by completing item 4b on the ATR-I Enrollment Form all pending or threatened litigation. This includes, but is not limited to an action, suit or proceeding before any court or governmental body,



including environmental and civil rights matters and employee litigation. Notification shall include the names of the parties, nature of the litigation and remedy sought, including the amount of damages, if any.

10. State and Federal Tax Laws. Applicant must be in good standing with the IRS and comply with all state and federal tax laws. The applicant is solely responsible for filing all required tax forms and making all tax payments.
11. Disclosure of IRS Debt. All applicants shall disclose to the ATR-I any indebtedness to the IRS by completing item 4c on Enrollment Form. Applicant shall explain tax debt and attach proof that they are currently in good standing with the IRS.
12. Related Party Disclosure. Applicant shall identify to ATR-I any related party transactions that may form part of the work under its application by completing item 4d on the ATR-I Enrollment Form. Applicant shall submit to ATR-I the name, address and telephone number of the related party, how the party is related to the applicant, and the work the related party will perform under the contract. A related party is a person or entity related to the applicant by blood or marriage, common ownership or any association that permits either to significantly influence or direct the actions or policies of the other. The applicant, for purposes of reporting related party transactions, includes the entity applying for funding as well as the chief executive officer, chief financial officer and program director of the applicant.
13. Criminal History Disclosure. Applicant shall identify to the ATR-I whether any person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense relating to involvement in any financial matter, federal or state program or felony sex crime. Applicant shall indicate the same by completing item 4e on the ATR-I Enrollment Form.

## **ATTACHMENT F**

### **SERVICE DESCRIPTION**

The Recovery Support Provider agrees to perform the following activities in support of the Access to Recovery (“ATR”) Program:

- A. Deliver appropriate, effective and efficient services to clients as identified by the Recovery Support Service Care Plan and approved on the individual client voucher;
- B. Document client service delivery by date and nature of encounters and bill BPA in accordance with the Billing Procedures.
- C. Provide services at times and locations specified by the Application;
- F. Coordinate client activity in the ATR program with the Case Manager and/or Treatment Provider;
- G. Maintain the Recovery Service Provider’s organization’s staffing plans to provide the ATR recovery support services in compliance with this contract.
- I. Initiate service for each Client within 48 hours of accepting referral of the client
- K. Communicate client progress, change in status, and additional service needs to the Case Manager or Treatment Provider.

ATR-I will measure Recovery Support Provider’s performance based on the following measurable outcomes:

Government Performance Result’s Act (GPRA) data will be collected on each individual client in the following areas: abstinence from drug and alcohol use, employment and education, crime and criminal justice (re-arrest), family and living environment, social support, service access and capacity and retention in clinical treatment and or recovery support services.

**STATE OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE  
ACCESS TO RECOVERY - IDAHO**

**AMENDMENT TO EXPAND CURRENT RECOVERY SUPPORT SERVICES  
AGREEMENT**

\_\_\_\_\_, requests an amendment to the Access to Recovery  
Provider Agreement dated on \_\_\_\_\_, for the purpose of providing additional  
recovery support services (RSS). Department approval must be granted prior to providing  
additional services.

The Provider Recovery Support Services requested in this amendment: (check all that apply)

- \_\_\_\_\_ Case-Management
- \_\_\_\_\_ Family/Marital/Life Skills Education and Guidance
- \_\_\_\_\_ Drug Testing
- \_\_\_\_\_ Transportation
- \_\_\_\_\_ Child Care
- \_\_\_\_\_ Adult Safe and Sober Housing
- \_\_\_\_\_ Emergency/Temporary Housing

Provider Information:

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Wk Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Provider Liability Insurance

Does your current liability insurance cover the additional Recovery Support Service(s)? \_\_\_\_\_

\_\_\_\_\_  
Signature, RSS Provider Authorizing Authority

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, ATR-I, IDHW Authorizing Authority

\_\_\_\_\_  
Date

**ATTACHMENT A**  
**AMENDMENT TO AGREEMENT**  
**RECOVERY SUPPORT SERVICES PROGRAM SUMMARY FORM**  
Please Provide Updated Information On The Recovery Support Services You Plan On Adding

(a) Services	(b) Population Served	(c) Name Site Address/Phone Number Contact Person	(d) Age/Range Male/Female	
<b>Case Management</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Transportation</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Family, Marital, Life Skills Education and Guidance</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Alcohol/Drug Testing</b>	<input type="checkbox"/> Adult <input type="checkbox"/> Adolescent			
<b>Staffed Safe and Sober Housing - Adult</b>	<input type="checkbox"/> Adult			
<b>Emergency/Temporary Housing</b>	<input type="checkbox"/> Adult			
<b>Child Care</b>	NA		Less than 13 (thirteen) years of age	

*\*Please submit a résumé for each staff person providing services*

**ATTACHMENT B**  
**AMENDMENT TO AGREEMENT**  
**UPDATED ATR PROVIDER PROFILE FORM**

**This information is critical—it helps clients decide who they want to provide them with recovery support services. Please update this form to accurately reflect the additional services your organization will provide.**

**Organizational Information**

1. Organization Name: \_\_\_\_\_
2. Hours of Operation: \_\_\_\_\_
3. How can the public (consumers, referral sources) contact your organization for more information?
  - ☐ Phone (Please provide number) \_\_\_\_\_
  - ☐ E-Mail (Please provide e-mail address) \_\_\_\_\_
  - ☐ Other (Please Specify) \_\_\_\_\_
4. Do you want your organization to be listed as faith based?
  - ☐ Yes (Please specify faith) \_\_\_\_\_
  - ☐ No
5. In what language would you provide services?
  - ☐ English
  - ☐ Spanish
  - ☐ Sign
  - ☐ Other \_\_\_\_\_

**Recovery Support/Treatment Services Summary**

Site Address	Services	Population Served	
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female
		<input type="checkbox"/> Adult	<input type="checkbox"/> Male
		<input type="checkbox"/> Adolescent	<input type="checkbox"/> Female

**Program Description**

Please describe your program. Include any special features or accommodations your program offers that may assist the client in choosing a provider. The Program Description **should not exceed 100 words.**



**STATE OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE  
ACCESS TO RECOVERY – IDAHO  
RECOVERY SUPPORT SERVICES PROVIDER AGREEMENT**

**1. Purpose.** This Recovery Support Services Provider Agreement is entered into by and between the State of Idaho, Department of Health and Welfare, Division of Family and Community Services, Substance Abuse Program, Access to Recovery – Idaho Program (the Department), and

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(Name of Provider)

---

(Address)

The purpose of this Provider Agreement is to implement Recovery Support Services for Eligible Recipients, in partnership with the Provider, and in compliance with the Access to Recovery – Idaho Grant and Manual, as may be amended from time to time. The Manual is hereby incorporated into this Provider Agreement. The Department’s Management Services Contractor, Business Psychology Associates (BPA), will issue vouchers to Providers in the name of Eligible Recipients, to be redeemed in payment for authorized Recovery Support Services. The parties mutually agree to the following terms and conditions:

**2. Definitions.**

2.1. “Department.” The Idaho Department of Health and Welfare or designee.

2.2. “Eligible Recipient.” An individual who:

a. Has or had a diagnosis under the DSM-IV of Substance Dependence or Substance Abuse;

b. Has income up to one hundred seventy-five percent (175%) of the federal poverty level; and

c. Is a member of an Access to Recovery – Idaho priority population, which are Under Court Supervision (Criminal or Child Protection), Hispanic, Enrolled Tribal Member, and Adolescent age twelve (12) through seventeen (17).

2.3. “Provider.” A proprietorship, partnership, corporation, organization, individual or other legal entity that offers Recovery Support Services in compliance with this Provider Agreement.

2.4. “Recovery Support Services.” Approved non-clinical substance abuse services designed to engage and maximize the ability of Eligible Recipients to be successful in their recovery, and to live productively in the community.

**3. Services to be Provided.** The Provider agrees to furnish the following services to Eligible recipients:

☐ Case Management

\_\_\_\_ Family and Marriage Life Skills Education

\_\_\_\_ Transportation

\_\_\_\_ Child Care

\_\_\_\_ Staffed Safe and Sober Housing - Adult

\_\_\_\_ Transitional Housing – Adolescent

\_\_\_\_ Alcohol or Drug Testing, or both

\_\_\_\_ Other Services listed in the Access to Recovery – Idaho Manual, specifically

---

#### **4. Service Delivery and Reimbursement.**

4.1. The Provider is responsible for ensuring compliance with this Provider Agreement. Services may be provided only by the Provider, its qualified employees, volunteers and subcontractors in compliance with this Provider Agreement and the Access to Recovery – Idaho Manual. The Department, through BPA, shall determine whether individuals are Eligible Recipients and shall recommend appropriate Recovery Support Services to Eligible Recipients.

4.2. Eligible Recipients have the right to choose among approved and qualified Recovery Support Services Providers. The Provider shall advise Eligible Recipients that they may contact BPA if they are dissatisfied with the services they are receiving.

4.3. Recovery Support Services shall be provided at a time and location that is convenient and suitable for the Eligible Recipient. The Provider shall ensure that Recovery Support Services are scheduled to ensure that services can be implemented effectively. The Provider shall maintain the capacity to provide coverage or backup in the absence of the assigned employee, volunteer or subcontractor.

4.4. The Provider agrees to accept vouchers for Eligible Recipients who are appropriate for the Provider's services, based on the Provider's ability to meet their needs.

4.5. If the Provider transports an Eligible Recipient in a private vehicle, the Provider shall follow all laws regarding the operation of a motor vehicle, and shall maintain liability insurance to cover the Eligible Recipient in compliance with this Provider Agreement.

4.6. BPA shall issue vouchers for approved services to the Provider in the name of the Eligible Recipient. Services that are not authorized by BPA through a voucher are not payable. Reimbursement is subject to review to ensure that billed services were rendered, were necessary to support recovery and were provided in accordance with Access to Recovery – Idaho standards. Once approved services are provided to an Eligible Recipient and BPA is billed in compliance with the Access to Recovery – Idaho Manual, BPA will reimburse the services within thirty (30) days of billing.



4.7. The Provider agrees to provide authorized services at the rates identified in the Access to Recovery - Idaho Manual. The Provider agrees that the Department-approved rates are in full payment for services provided, and that an Eligible Recipient is not responsible for any additional charges.

4.8. The Provider shall notify an Eligible Recipient and BPA when the Eligible Recipient is being discharged from Recovery Support Services.

4.9. If the Provider is a faith-based organization, the Provider, employees and subcontracts shall:

a. Segregate contract funds in a separate account;

b. Ensure that Eligible Recipients' participation in religious activities, including worship, scripture study, prayer or proselytization, is only on a voluntary basis;

c. Notify Eligible Recipients of the religious nature of the organization, their right not to take part in religious activities, their right to request an alternative provider, and the process for doing so.

## **5. Administrative Requirements.**

5.1. The Department may develop, offer and may require the Provider to participate in training. The Provider's expenses to attend the training are the responsibility of the Provider and are not billable, unless otherwise specified by the Department.

5.2. Providers who do not furnish Case Management services shall cooperate with the Provider of Case Management services (CM) chosen by the Eligible Recipient.

5.3. Every Case Management Provider shall collect the following federal Government Performance Results Act (GPRA) data on each Eligible Recipient: abstinence from drug and alcohol use, employment and education criminal and criminal justice (re-arrest), family and living environment, social support, and access to and retention in clinical treatment or Recovery Support Services in compliance with GPRA frequency requirements.

5.4. Prior to delivering case management services, the CM Provider shall submit case management plans to BPA for initial and subsequent authorization.

5.5. Every Provider shall comply with the Department's Criminal History Background check rules, IDAPA 16.05.06.

5.6. The Provider shall inform the Department within forty-eight (48) hours if any owner, employee, volunteer or subcontractor is charged with criminal conduct, or accused of fraudulent, negligent or abusive conduct in the provision of Recovery Support Services.

## **6. Confidentiality.**

6.1. The Provider, employees, volunteers and subcontractors shall maintain the confidentiality requirements of Substance Abuse information in compliance with 42 CFR Part II, and shall comply with the Department's Use and Disclosure rules at IDAPA 16.05.01.

6.2. The Provider, its employees, volunteers and subcontracts shall not disclose identifying information to third parties regarding Eligible Recipients without the written authorization of the individual, except as

authorized by law, rule, or as required by BPA to monitor or authorize services. This section does not apply to review of Provider records by the Department, BPA or federal oversight entities described in the following sections.

## **7. Records.**

7.1. The Provider shall maintain documents verifying that each employee, volunteer or subcontractor who provides services has the qualifications required by the Access to Recovery – Idaho Manual. The Provider shall also document the services provided in the permanent record of each Eligible Recipient, including date, the nature of the service, the individual who provided the service, and the duration of the service. These records shall be made available to the Department, BPA, federal or state auditors, and the U.S. DHHS Substance Abuse Mental Health Services Administration, Center for Substance Abuse Treatment.

7.2. The Provider shall regularly report to BPA the Recovery Support Services provided and types of service for each Eligible Recipient in a format, timeframe and method specified by BPA.

7.3. The Provider shall maintain all records and documents related to this Provider Agreement for a period of three (3) years from the date of final payment. If an audit, litigation or other action involving the records is initiated before the three (3) year retention period has expired, the Provider shall maintain the records until all issues are resolved, or for an additional three (3) years, whichever is later. During this retention period, the Provider shall provide full access for inspection, review and audit.

## **8. Notice.**

8.1. The Provider shall keep the Department informed in writing of its current address.

8.2. Notice sent to the address on file with the Department shall be presumed to have been received by the Provider.

8.3. Notice to the Department is to be provided to the Access to Recovery – Idaho Project, Idaho Department of Health and Welfare, P.O. Box 83720, Boise ID 83720-0036.

8.4. Notice to BPA is to be provided to 380 E Parkcenter Blvd Suite 300, Boise, ID 83706.

## **9. General Provisions.**

9.1. This Provider Agreement may only be amended by the written consent of the parties.

9.2. The failure of either party to require strict performance of any term of this Provider Agreement shall not be construed to be a waiver of that term. All requirements shall remain in full force and effect unless there is a written amendment of the Provider Agreement by the parties.

9.3. The Provider's status is that of an independent contractor and not that of an agent or employee of the Department or the State of Idaho. The Provider is responsible for the recruitment, hiring, firing, training, supervision, scheduling and payroll for its employees, subcontractors, and to the extent applicable, volunteers.

9.4. The Provider is responsible for employment-related expenses and benefits, including worker's compensation, unemployment compensation, FICA taxes, all state and federal tax withholding for its employees, and any employer costs for pensions, health and life insurance.

9.5. The Provider shall maintain, at Provider expense until all work specified in the Provider Agreement is completed, commercial general liability insurance in the amount of \$500,000 per occurrence, or the equivalent. This insurance shall include personal injury liability coverage and blanket contractual liability coverage. Each annual aggregate limit shall not be less than \$1,000,000 when applicable, and shall be endorsed to apply separately to each job site or location. The Provider shall comply with all limits, terms and conditions of this insurance. This insurance coverage shall include the State of Idaho, Department of Health and Welfare, and its divisions, officers and employees as additional insureds but only with respect to the Provider's activities under this Provider Agreement.

9.6. If the Provider transports Eligible Recipients, the Provider shall maintain, at Provider's expense, auto liability insurance with a limit of not less than five hundred thousand dollars (\$500,000) per occurrence, covering owned, non-owned and hired vehicles. This coverage may be written in combination with commercial general liability insurance.

9.7. The Provider shall furnish certificates of insurance to the Department prior to beginning work under this Provider Agreement. The certificates of insurance shall specify all of the additional insureds or loss payees. The Provider shall be responsible for all deductibles, self-insured retentions, and self insurance.

9.8. The Department shall indemnify, defend and save harmless the Contractor, its officers, agents, employees, and subcontractors from and against all liability, claims, damages, losses, expenses, actions, and suits whatsoever, including injury or death of others or any employee of the Department caused by or arising out of the Department's negligent or otherwise wrongful performance, act, or omission of any term of the Contract. Nothing in this provision shall extend the liability of the Department beyond that provided in the Idaho Tort Claims Act, Idaho Code Sections 6-901 through 6-929.

9.9. The Contractor shall indemnify, defend and save harmless the State of Idaho, and the Department, its officers, agents, and employees, from and against all liability, claims, damages, losses, expenses, actions, attorney fees and suits whatsoever, including injury or death of others or any employee of the Contractor or subcontractor caused by or arising out of the Contractor's negligent or otherwise wrongful performance, act or omission under the Contract or Contractor's failure to comply with any state, federal or local statute, law, regulation, or rule.

9.10. In no event shall any official, officer, employee or agent of the State of Idaho or the Department be liable or responsible for any representation, statement, covenant, warranty or obligation contained in, or made in connection with, the Provider Agreement.

9.11. The Provider Agreement shall be governed by and construed under the laws of the State of Idaho.

## **10. Effective Date and Term of the Provider Agreement.**

10.1. This Provider Agreement is effective when it is signed by all parties, or at a later date as specified in an amendment.

10.2. The Provider shall not perform or bill for Recovery Support Services until the Provider Agreement is effective.

10.3. The Provider Agreement shall remain in effect for as long as the Department receives an Access to Recovery grant or other sufficient appropriation, or until the Provider Agreement is terminated, whichever is earlier.

## 11. Remedies and Termination.

11.1. The Department may require one or more of the following remedial actions, taking into account the nature of any deficiency, if Recovery Support Services do not comply with this Provider Agreement: 1) consult with the Provider to resolve the deficiency informally; 2) require the Provider to take corrective action to achieve compliance; 3) withhold payment of vouchers for non-qualifying services; 4) withhold payment or recoup payment of an overpayment or duplicate payment; or 5) remove Eligible Recipients from participation in the Provider's services.

11.2. Either party may terminate this Provider Agreement without cause by giving thirty (30) days' notice in writing to the other party. In the event of termination by the Department, the Department's sole obligation shall be to tender payment for services provided prior to the date of the notice of termination. In the event of termination, neither the Department nor BPA is under any obligation to refer Eligible Recipients to the Provider for Recovery Support Services.

The undersigned have read and understand this Provider Agreement, and agree to be bound by its terms.

### PROVIDER

### DEPARTMENT OF HEALTH AND WELFARE ACCESS TO RECOVERY – IDAHO

\_\_\_\_\_  
by:

\_\_\_\_\_  
by:

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Department Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Provider Agreement Attachment A

### **Confidentiality Section of Contract (6.1)**

**From Department Website:** <http://adm.idaho.gov/adminrules/rules/idapa16/0501.pdf>

#### **IDAPA 16.05.01 Rules (General Consent and Disclosure Requirements)**

**050. CONSENT TO GATHER, USE AND DISCLOSE INFORMATION.** When individuals, legal representatives or informal representatives sign an application, they consent for the Department to gather, use and disclose information as needed for an individual to receive Department benefits or services. If none of these individuals provides a consent on an application, service may be denied. An informal representative may only consent to the disclosure of confidential information when permitted by these rules. (3-20-04)

**051. AUTHORIZATION FOR THE USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION.** An authorization for the use and disclosure of health and other confidential information must be in writing, and identify the individual who is the subject of the record. (3-20-04)

**01. Content of Authorization.** An authorization must be dated and signed by the individual or legal representative, and: (3-20-04) **a.** Identify the specific information involved; (3-20-04) **b.** State the duration of the authorization, defined by a specific date or the description of an event; (3-20-04) **c.** Identify the recipient of the information; (3-20-04) **d.** State the purpose for the authorization; (3-20-04) **e.** Specify any restrictions on use or disclosure of the information; and (3-20-04) **f.** Provide for revocation of the authorization. (3-20-04)

**02. Defective Authorization.** An authorization must not be acted upon if the authorization has expired or has been revoked, or if any essential information is omitted or is false. (3-20-04)

**03. Psychotherapy Notes.** Psychotherapy notes that are separate from the rest of an individual's record may not be used or disclosed without an authorization except to the originator of the notes for treatment or to defend the Department in a legal action brought by the individual. (3-20-04)

**04. Revocation of an Authorization.** An individual or legal representative may revoke an authorization at any time by submitting a written request at any Department office. (3-20-04)

**05. Effect on Benefits and Services.** An individual's refusal to provide an authorization does not affect the receipt of benefits or services the individual would otherwise receive. (3-20-04)

**06. Copy of Authorization.** The Department will provide a copy of the signed authorization to the individual or legal representative. (3-20-04)

#### **075. USE AND DISCLOSURE OF CONFIDENTIAL INFORMATION.**

Without a consent or an authorization, no one may use or disclose health or other confidential information. Specific consent and disclosure requirements are identified in Sections 200 through 283 of these rules. (3-20-04)

**01. Identity.** Any individual who requests to review, copy, restrict or amend confidential information, or to sign an authorization, must provide verification of identity, and where appropriate, present proof that the individual is a legal representative of the subject of the record. Except for verifications or requests for certified copies of vital records, requests submitted by mail must be notarized if necessary to identify the individual's signature. (3-20-04)

**02. Order of Court or Hearing Officer.** If information is subpoenaed in a civil, criminal or administrative action, the Department will provide such information as would be disclosed with a public records request, without an order from the court or hearing officer. Alternatively, the Department may submit the record with a request for a review solely by the judge or hearing officer, and an order appropriately limiting its use by the parties. If Department staff have reason to believe that release of a record through a public records request may be detrimental to any individual, the Department may seek a protective order. (3-20-04)

**03. Referent.** Unless the individual is a witness in litigation, identifying information must not be disclosed about an individual who reported concerns relating to any Department function, including: (3-20-04) **a.** Fraud; (3-20-04) **b.** Abuse, neglect or abandonment of a child; (3-20-04) **c.** Abuse, neglect or abandonment of a vulnerable adult; and (3-20-04) **d.** Concerns about the mental health of another. (3-20-04)

**04. Collateral Contact.** Identifying information must not be disclosed about individuals who are not the subject of the record and who provide information to the Department in the ordinary course of business. (3-20-04)

**05. Alternative Communication.** The Department, contractors and providers must comply with an individual's request that confidential information be communicated by alternative means of delivery unless it is administratively difficult to do so or the request is unreasonable. If approved, all information from a Department program will use the same alternative means of delivery after the request is received and recorded. (3-20-04)

**06. Restriction on Disclosure of Health Information.** (3-20-04) **a.** An individual may request in writing that use or disclosure of health information be restricted. The Department will respond in writing, and may deny the request if: (3-20-04) i. Disclosure is required; (3-20-04) ii. Necessary for the safety of the individual or others; (3-20-04) iii. Necessary for the provision of services, benefits or payment; or (3-20-04) iv. The restriction is unreasonable. (3-20-04) **b.** The uses and disclosures of confidential information are subject to a restriction after it is received and recorded by the Department. Department employees, contractors, and the individual may request the Department to terminate the restriction. The Department will notify the individual of its response to a request to terminate a restriction. (3-20-04)

**07. Discovery.** Records will be provided only in response to valid discovery in any federal or state criminal, civil or administrative proceeding, as required by the Public Records Act, Section 9-343(3), Idaho Code. (3-20-04) **IDAHO ADMINISTRATIVE CODE IDAPA 16.05.01 Department of Health and Welfare Use and Disclosure of Department Records Page 9 IAC 2005** **08. “Do Not Re-Release” Records.** If the Department receives health information that is marked “Do not re-release,” that information will not be disclosed except to the subject of the record or legal representative, if allowed by these rules or applicable law. (3-20-04)

## **100. EXCEPTIONS TO REQUIREMENT FOR AUTHORIZATION.**

Confidential information will be released without an authorization to individuals and entities in compliance with a court order, or if they are legally authorized to receive it. The following are exceptions to the requirement for an authorization: (3-20-04)

**01. Advocates and Guardians.** Federally-recognized protection and advocacy agencies or duly appointed guardians ad litem have access to an individual’s file as necessary to perform their legal functions. Guardians ad litem have access to records as provided in Section 16-1623, Idaho Code, except for: (3-20-04) **a.** Drug abuse and sickle cell anemia records maintained by the Veteran’s Administration (VA), as required by 38 USC Section 7332; (3-20-04) **b.** Claims under laws administered by the VA as required by 38 USC Section 3301; and (3-20-04) **c.** Drug abuse prevention programs that receive federal assistance, as required by 42 USC Section 290ee - 3. (3-20-04)

**02. Police Functions.** Police officers and sheriffs are entitled to receive confidential information for the purpose of conducting an investigation, or to determine whether to place an individual in protective custody, subject to limitations regarding substance abuse treatment. (3-20-04)

**03. Fugitives and Missing Persons.** (3-20-04) **a.** A state or local law enforcement officer may receive the current address of any cash assistance recipient who is a fugitive felon, in compliance with Section 56-221, Idaho Code. (3-20-04) **b.** The following health information may be disclosed to a law enforcement officer for the purpose of identifying or locating a suspect, fugitive, material witness or missing person: (3-20-04) i. Name and address; (3-20-04) ii. Date and place of birth; (3-20-04) iii. Social security number; (3-20-04) iv. Blood type and rh factor; (3-20-04) **v.** Type of injury; (3-20-04) vi. Date and time of treatment or death, if applicable; and (3-20-04) vii. Distinguishing physical characteristics. (3-20-04) **c.** DNA, dental records, or typing, samples or analysis of body fluids or tissue must not be disclosed. (3-20-04)

**04. Duty to Warn or Report.** Confidential information may be released without an authorization if necessary under a legal duty to warn or to report. (3-20-04)

**05. Department Business, Monitoring and Legal Functions.** Department employees and contractors may use and disclose records as necessary to perform normal business functions, including health treatment, audit **IDAHO ADMINISTRATIVE CODE IDAPA 16.05.01 Department of Health and Welfare Use and Disclosure of Department Records Page 10 IAC 2005** and quality improvement, investigation of fraud and abuse, establishment of overpayments and recoupment, public health, or other functions authorized by law. Information will be made available to state and federal auditors and compliance monitors. Confidential information will be provided to counsel as needed to evaluate, prepare for and represent the Department in legal actions. (3-20-04)

**06. Emergencies.** Confidential information may be disclosed to qualified medical personnel to the extent necessary to respond to a medical emergency that requires immediate attention. (3-20-04)

**07. Multidisciplinary Staffing.** Confidential information may be disclosed to employees of the Department, law enforcement, and other appropriate individuals to participate in a multidisciplinary team evaluation of child protection cases under Section 16-1609A, Idaho Code, or interdisciplinary Department staffing of services for an individual. All individuals who participate in such staffing must not redisclose the information and must comply with any other pertinent statute, rule or regulation. (3-20-04)

**08. Collaborative Staffing.** Confidential information may be disclosed in staffing by the Department and other individuals or entities if all participants are involved with the same or similar populations and have an equal obligation or promise to maintain confidentiality. Disclosure of information in inter-agency staffing must be necessary to coordinate benefits or services, or to improve administration and management of the services. Confidential information may be disclosed only on a need-to-know basis and to the extent minimally necessary for the conduct of the staffing. All individuals who participate in such staffing must not redisclose the information except in compliance with any other pertinent statute, rule or regulation. (3-20-04)

**09. Elected State Official.** As provided by Section 16-1623(f), Idaho Code, any duly elected state official carrying out his official functions may have access to child protection records of the Department, and must not redisclose the information. (3-20-04)

**10. Child Protection Agency.** A legally mandated child protection agency may provide information necessary to investigate a report of known or suspected child abuse or neglect, or to treat a child and family who are the subjects of the record. (3-20-04)

**11. Legally Authorized Agency.** An agency will be provided appropriate information if the agency is legally responsible for or authorized to care for, treat or supervise a child who is the subject of the record. (3-20-04)

**12. Informal Representatives.** Informal representatives may be permitted to receive and deliver information on behalf of an individual, and may be given health information if the informal representative is directly involved with the individual’s care.

Confidential information may be withheld in whole or part if professional staff determines that disclosure is not in the best interest of the individual, based on the circumstances and their professional judgement. The Department will not disclose information that is prohibited from being disclosed by these rules or any other legal requirement. (3-20-04)

#### **101.ABUSE, NEGLECT, OR DOMESTIC VIOLENCE.**

Health information may be disclosed to a law enforcement officer if the victim of abuse, neglect, or domestic violence agrees to the disclosure. (3-20-04)

**01. Incapacity of Victim.** If the victim is unable to agree because of incapacity, health information will be disclosed if the officer states: (3-20-04) **a.** That the information is not intended to be used against the victim; and (3-20-04) **b.** That immediate enforcement activity would be materially and adversely affected by waiting for the victim's agreement. (3-20-04)

**02. Judgement of Professional Staff.** The victim must be promptly informed that a report to law enforcement has been or will be made unless in the judgement of professional staff: (3-20-04) **a.** Informing the victim would place him at risk of serious harm; or (3-20-04) **IDAHO ADMINISTRATIVE CODE IDAPA 16.05.01 Department of Health and Welfare Use and Disclosure of Department Records Page 11 IAC 2005 b.** The probable perpetrator of the abuse, neglect or domestic violence would be the recipient of the report, and disclosure would not be in the victim's best interest. (3-20-04)

**102.VICTIM OF OTHER CRIME.** Health information may be disclosed in response to a law enforcement official's request about a victim or suspected victim of a crime other than those listed in Section 101 of these rules, if the individual agrees to the disclosure. (3-20-04)

**01. Incapacity of Victim or Emergency Circumstance.** If the individual is unable to agree because of incapacity or emergency circumstance, health information will be disclosed if the official states that the information is needed to determine whether a violation of law has occurred, and that it is not intended to be used against the individual. (3-20-04)

**02. Best Interest of the Individual.** The officer must also represent that immediate enforcement activity would be materially and adversely affected by waiting for the individual's agreement. Professional staff must agree that disclosure is in the best interest of the individual. (3-20-04)

**103.SERIOUS THREAT TO HEALTH OR SAFETY.** Subject to the restrictions in this rule, health information may be used or disclosed if necessary to prevent or lessen a serious and imminent threat to the health and safety of a person or the public. Disclosure must be based on actual knowledge or credible information from a person with apparent knowledge or authority. Disclosure will be made only to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat. (3-20-04)

**01. Apprehension by Law Enforcement.** Health information may be disclosed as necessary to law enforcement to identify or apprehend an individual. Disclosure is limited to an admission that an individual participated in a violent crime if it is reasonable to believe that serious physical harm has been caused to the victim. (3-20-04)

**02. Escape From Law Enforcement.** Health information may be disclosed as necessary for law enforcement to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or lawful custody. (3-20-04)

**03. Prohibition on Disclosure.** Disclosure of an admission of participation in a violent crime is prohibited if the information is learned in the course of treatment to affect the individual's tendency to commit the criminal conduct, or through a request by the individual to initiate such treatment. (3-20-04)

**104.REPORTING OF CRIME ON PREMISES.** Health information may be disclosed to a law enforcement official if the information constitutes evidence of criminal conduct that occurred on the Department's premises. (3-20-04)

**105.REPORTING CRIME IN EMERGENCIES.** If a Department employee is providing emergency health care off the Department's premises, health information may be disclosed if necessary to alert law enforcement to a crime; the location of the crime or victim; and the identity, description and location of the perpetrator. If the crime involves abuse, neglect or domestic violence, the requirements of Section 101 of this chapter apply. (3-20-04)

#### **125.ACCESS TO AN INDIVIDUAL'S OWN RECORD.**

An individual who is at least fourteen (14) years old, or a legal representative, may review and obtain a copy of Department records that pertain to the individual, subject to the exceptions listed in Subsections 125.01 through 125.04 of these rules. Requests must be in writing, identifying the individual whose record is sought, and the record or information requested. The principles of disclosing only minimally necessary information on a need-to-know basis do not apply to a request for an individual's own records. The following information must not be disclosed : (3-20-04)

**01. Children's Mental Health.** Records of a child's mental health services must not be disclosed to the **IDAHO ADMINISTRATIVE CODE IDAPA 16.05.01 Department of Health and Welfare Use and Disclosure of Department Records Page 12 IAC 2005** child when a physician or other mental health professional has noted that disclosure would be damaging to the child, unless access is ordered by a court according to Section 16-2428, Idaho Code. (3-20-04)

**02. Legal Action.** No disclosure will be made to an individual of information compiled in an ongoing investigation, that is exempt from disclosure, or that relates to adoption. Information compiled in reasonable anticipation of litigation that is not otherwise discoverable must not be disclosed. Information compiled for use in a civil, criminal, or administrative proceeding to which the individual is a party must not be disclosed except in compliance with valid discovery. (3-20-04)

**03. Clinical Laboratories.** There will be no disclosure of information maintained by a clinical laboratory except as authorized by the provider who ordered the test or study. (3-20-04)

**04. Confidential Information.** Health and other confidential information will not be disclosed to the individual if a licensed professional in an appropriate discipline determines that disclosure is likely to endanger the life or physical safety of the individual or another person. Disclosure to a legal representative will be denied if there is a professional determination that access by the representative is likely to cause substantial harm to the subject of the record or another person. (3-20-04) except as provided in Section 100 of this chapter. With a consent or an authorization, confidential information will be used or disclosed only on a need-to-know basis and to the extent minimally necessary for the conduct of the Department's business and the provision of benefits or services, subject to law and the exceptions listed in these rules. Recipients of information must protect against unauthorized disclosure or use of the information for purposes that are not specified in a consent or an authorization. Access to an individual's own records is governed by Section 125 of this chapter.

## **Administrative Requirements Section of Provider Contract (5.5)**

**From Department Website:** <http://adm.idaho.gov/adminrules/rules/idapa16/0506.pdf>

### **IDAPA 16.05.06 Rules (Rules Governing Mandatory Criminal History Checks)**

**000.LEGAL AUTHORITY.** The Idaho Legislature has granted the Director of the Department of Health and Welfare the power and authority to conduct mandatory criminal history checks pursuant to Sections 56-202(b), 56-203(b), 56-204A, 39-1105, 39- 1210(10), 39-1211(4), 39-1213, 39-3372, 39-3342, and 39-5604, Idaho Code. (3-15-02)

**001.TITLE AND SCOPE. 01. Title.** These rules are to be cited in full as Idaho Department of Health and Welfare Rules, IDAPA 16, Title 05, Chapter 06, "Rules Governing Mandatory Criminal History Checks". (3-15-02) **02. Scope.** These rules are established to assist in the protection of children and vulnerable adults by requiring criminal history checks of individuals who provide care or services that are financially supported, licensed or certified by the Department of Health and Welfare. (3-15-02)

**002.WRITTEN INTERPRETATIONS.** There are no written interpretations associated with this chapter of rules. (3-15-02)

**003.ADMINISTRATIVE APPEALS.** Appeals and proceedings shall be governed by the Idaho Department of Health and Welfare Rules, IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings". (3-15-02)

**004. INCORPORATION BY REFERENCE.** IDAPA 16.05.06, "Rules Governing Mandatory Criminal History Checks," incorporates by reference federal public law 103-209, federal public law 92-544, 28 CFR (Code of Federal Regulation) 16.34 and 28 CFR 50.12. (3-15-02)

**005.IDAHO PUBLIC RECORD ACT.** The Department of Health and Welfare will comply with Sections 9-337 through 9-347, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempt, as set forth in Section 9-340, Idaho Code, and other state and federal laws and regulations, all public records in the custody of the Department of Health and Welfare are subject to disclosure. (3-15-02)

### **010.DEFINITIONS AND ABBREVIATIONS.**

**01. Criminal History Check.** The criminal history check is a fingerprint based check consisting of a self-declaration, fingerprints of the individual, information obtained from the Federal Bureau of Investigation, the National Criminal History Background Check System, Bureau of Criminal Identification, the statewide Child Abuse Registry, Adult Protection Registry, Sexual Offender Registry, and Medicaid S/URs exclusion list. (3-15-02)

**02. BCI.** The Idaho State Police Bureau of Criminal Identification. (3-15-02)

**03. EMS.** Emergency Medical Services. (3-15-02)

**04. FBI.** Federal Bureau of Investigation. (3-15-02)

**05. Department.** The Idaho Department of Health and Welfare. (3-15-02)

**06. Good Cause.** The conduct of a reasonably prudent person in the same or similar circumstances. (3-15-02)

**07. S/UR's.** Surveillance and Utilization Review Section. (3-15-02) **IDAHO ADMINISTRATIVE CODE IDAPA 16.05.06 - Rules Governing Department of Health and Welfare Mandatory Criminal History Checks Page 3 IAC 2005 08. UOD.** Unit Organizational Director. A director or administrator of a Division, Region, or Institution in the Department. (3-15-02)



**011. -- 014.(RESERVED).**

**015.INDIVIDUALS SUBJECT TO MANDATORY CRIMINAL HISTORY CHECKS.**

**01. Department Individuals.** A self-declaration and a criminal history check shall be required of Department employees, volunteers, student interns, and any other persons who have direct contact with children or vulnerable adults as defined in Section 39-5302(10), Idaho Code. (3-15-02)

**02. Other Individuals.** A self-declaration and a criminal history check shall be required of other individuals, including providers and contractors and their employees, volunteers, and student interns and any other persons, who provide Department funded direct care or services to children or vulnerable adults as defined in Section 39-5302(10), Idaho Code. These include but are not limited to: (3-15-02)

**a.** Providers of personal care, excluding employees of nursing homes and licensed residential and assisted living facilities; (3-15-02)

**b.** Adult family home care providers and all adults in the home or living on the property; (3-15-02)

**c.** Children's foster home care providers and other individual(s) age eighteen (18) or older residing in the foster care provider's home or property; (3-15-02)

**d.** Providers of adult day care and all adults in the home, if provided in a private residence; (3-15-02)

**e.** Providers of children's day care and all other individuals over twelve (12) years of age in the day care who have unsupervised contact with children; (3-15-02)

**f.** Adult residential care facility owners, operators, and administrators; (3-15-02)

**g.** Personnel of children's residential care facilities; (3-15-02)

**h.** Providers in adult day treatment facilities; (3-15-02)

**i.** Personnel of agencies with Medicaid Provider Agreements or Department contracts who have direct contact with children or vulnerable adults; (3-15-02)

**j.** All persons applying to the Department to be an adoptive parent except step-parents applying for adoption of a step-child; (3-15-02)

**k.** All persons petitioning the court for adoption of a child except in the case of a step-parent adoption or when waived by the Court; and (3-15-02)

**l.** Applicants for EMS certification and EMS communications specialists and managers. (3-15-02)

**016.SELF-DECLARATION.**

Individuals who are subject to a criminal history check shall complete a self-declaration form signed under penalty of perjury that contains the name, address, social security number and date of birth which appears on a valid identification document issued by a governmental entity. The self-declaration is the individual's request for the criminal history check to be done and authorizes the Department to obtain information and release it as required in accordance with applicable state and federal law. The individual shall disclose any conviction or pending indictment for crimes, and shall furnish a description of the crime and the particulars. The individual shall also disclose any notice by a state or local agency of valid child or substantiated vulnerable adult abuse, neglect, or abandonment complaint, and any other information as required. (3-15-02) **IDAHO ADMINISTRATIVE CODE IDAPA 16.05.06 -**

**Rules Governing Department of Health and Welfare Mandatory Criminal History Checks Page 4 IAC 2005**

**017.TIMEFRAME FOR SELF-DECLARATION AND FINGERPRINTING.** All individuals covered by these rules shall complete a self-declaration form and fingerprinting prior to providing unsupervised direct care or services to children or vulnerable adults. The Department shall report an individual's or agency's non-compliance to the applicable licensing or certification unit. (3-15-02)

**018.FEES AND COSTS.** The fees are twenty-eight dollars (\$28) for volunteers and forty-five dollars (\$45) for all other individuals. All fees are subject to change and are set by state and federal law. (5-3-03)

**019.UPDATING CRIMINAL HISTORY CHECKS.**

**01. New Criminal History Check.** Any individual covered under these rules shall complete a criminal history check, including fingerprints, when he accepts employment with a new employer or agency providing Department funded direct care or services and his last criminal history check was completed more than one (1) year from the date of the new employment. (3-15-02)

**02. Use of Criminal History Check Within One Year of Completion.** Any employer, agency or Department unit may use a criminal history check obtained under these rules for a different employer, agency or Department unit, for a period of one (1) year from the date of completion of the check. An employer, agency, or Department unit is not required to use a prior criminal history check and may request a new criminal history check as defined by Subsection 019.03 of these rules. (3-15-02)

**03. Department Discretion.** The Department may, at its discretion or pursuant to individual program rules, require a criminal history check of any individual covered under these rules at any time during the individual's employment, internship or volunteer-ship. Any individual required to complete a criminal history check under Section 019 shall be fingerprinted within fifteen (15) calendar days from the date of notification from the Department. (3-15-02)

### **030.DESIGNATED CRIMES RESULTING IN AN UNCONDITIONAL DENIAL.**

Individuals shall not be permitted to provide direct care or services when their criminal history check reveals that they have pled guilty, been found guilty or have been adjudicated of one (1) of the designated crimes listed below, or their equivalent, under the laws of any other jurisdiction, regardless of whether the individual received a withheld judgment, a dismissal which resulted from a plea agreement where probation or restitution was required as defined by Section 19-2604, Idaho Code, or a sealed record. (3-15-02)

**01. Unconditional Denial.** An unconditional denial shall be issued within ten (10) working days of the completion of a criminal history check. (3-15-02)

**02. Designated Crimes.** An unconditional denial shall be issued for any of the following designated crimes: (3-15-02)

- a. Abuse, neglect or exploitation of a vulnerable adult, as defined by Section 18-1505, Idaho Code; (3-15-02)
- b. Aggravated, first degree and second-degree arson, as defined by Sections 18-801 through 18-805, Idaho Code; (3-15-02)
- c. Crimes against nature, as defined by Section 18-6605, Idaho Code; (3-15-02)
- d. Forcible sexual penetration by use of a foreign object, as defined by Section 18-6608, Idaho Code; (3-15-02)
- e. Incest, as defined by Section 18-6602, Idaho Code; (3-15-02)
- f. Injury to a child, felony or misdemeanor, as defined by Section 18-1501, Idaho Code; (3-15-02)

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- g. Kidnapping, as defined by Sections 18-4501 through 18-4503, Idaho Code; (3-15-02)
- h. Lewd conduct with a minor, as defined by Section 18-1508, Idaho Code; (3-15-02)
- i. Mayhem, as defined by Section 18-5001, Idaho Code; (3-15-02)
- j. Murder in any degree, voluntary manslaughter, assault or battery with intent to commit a serious felony, as defined by Sections 18-4001, 18-4003, 18-4006, and 18-4015, Idaho Code; (3-15-02)
- k. Poisoning, as defined by Sections 18-4014 and 18-5501, Idaho Code; (3-15-02)
- l. Possession of sexually exploitative material, as defined by Section 18-1507A, Idaho Code; (3-15-02)
- m. Rape, as defined by Section 18-6101, Idaho Code; (3-15-02)
- n. Robbery, as defined by Section 18-6501, Idaho Code; (3-15-02)
- o. Felony stalking, as defined by Section 18-7905, Idaho Code; (3-15-02)
- p. Sale or barter of a child, as defined by Section 18-1511, Idaho Code; (3-15-02)
- q. Sexual abuse or exploitation of a child, as defined by Sections 18-1506 and 18-1507, Idaho Code; (3-15-02)
- r. Any felony punishable by death or life imprisonment; or (3-15-02) s. Attempt, conspiracy, or accessory after the fact as defined by Sections 18-306, 18-1701, and 18-205, Idaho Code, to commit any of the designated crimes. (3-15-02)

**03. Designated Seven-Year Crimes.** For seven (7) years from the date of conviction, an unconditional denial shall be issued for the following crimes: (3-15-02)

- a. Burglary as defined by Section 14-1401, Idaho Code; (3-15-02)
- b. Grand theft as defined by Section 18-2407(1), Idaho Code; (3-15-02)
- c. Theft as defined by Section 18-2403, Idaho Code; (3-15-02)
- d. Forgery of and fraudulent use of a financial transaction card as defined by Sections 18-3123 and 18-3124, Idaho Code; (3-15-02)
- e. Forgery and counterfeiting as defined by Section 18-3601 through 18-3620, Idaho Code; (3-15-02)
- f. Insurance fraud as defined by Sections 41-293 and 41-294, Idaho Code; and (3-15-02)
- g. Public assistance fraud as defined by Sections 56-227 and 56-227A, Idaho Code; or (3-15-02)
- h. A felony involving a controlled substance. (3-15-02)

**031.MEDICAID EXCLUSION.** Any individual subject to these rules, who has a current exclusion from S/URs or the Office of Inspector General, shall not provide services within the scope of these rules. At the expiration of the exclusion, the individual may reapply to the Department to provide services. (3-15-02)

### **032.CONDITIONAL DENIALS.**

**IDAHO ADMINISTRATIVE CODE IDAPA 16.05.06 - Rules Governing Department of Health and Welfare Mandatory Criminal History Checks Page 6 IAC 2005** The Department may issue a conditional denial within fourteen (14) days of the completion of a criminal history check, when the criminal history check reveals a plea, finding or adjudication of guilt to any felony or misdemeanor, any crime other than a traffic violation which does not result in a suspension of the individual's driver's license, or a valid child protection complaint or a substantiated adult protection complaint. The Department may issue a conditional denial when the results of the criminal history check reveal that the individual has falsified or omitted information on the self-declaration form. A conditional denial shall become effective immediately. An individual may request an exemption review within fourteen (14) days of the date of the issuance of a conditional denial, unless good cause is shown for a delay. (3-15-02)

### **033.EXEMPTION REVIEWS.**

The Department shall initiate an exemption review for crimes or actions not designated in Section 030 of these rules. As determined by the Department, the review may consist of a review of the documents and supplemental information provided by the individual, a telephonic interview with the individual, an in-person interview, or any other review before the Department designee(s) as appointed by the UOD. Exemption reviews shall be governed by and conducted as follows.